

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XIII.
VOL. II.

NEW SERIES.

NEW YORK: SATURDAY, MARCH 30, 1861.

{ Mail Subscribers, \$3 per Ann.
{ City and Canadian, 3 50 "
{ Single Numbers, 10 cents.

Page	Page	Page	Page
ORIGINAL LECTURES.	REPORTS OF HOSPITALS.	REPORTS OF SOCIETIES.	
Lectures on Diphtheria. Delivered in the College of Physicians and Surgeons, N. Y. By A. Clark, M.D., Professor of Pathology and Practice of Medicine. Lecture I. Part II. 203	BROOKLYN MEDICAL AND SURGICAL INSTITUTE: Surgical Clinic of Profs. Bauer and E. A. Whaley. Cases of Contraction and Fibrous Anchylosis of Joints. (Continued from page 161.) 200	NEW YORK ACADEMY OF MEDICINE: A New Method of Treating Fractures of the Femur . . 214	
ORIGINAL COMMUNICATIONS.	EDITORIAL ARTICLES.	CORRESPONDENCE.	
Cases of Reflex Paraplegia. By M. Gonzalez Echeverria, M.D., Late Assistant Physician to the National Hospital for the Paralyzed and the Epileptics of London, etc. 205	Office of Coroner 210 Lunacy Commission 211 THE WEEK: Treatment of Syphilitic Patients at Denit Dispensary . 212 Bellevue Hospital College . . 212 Dr. Clarkson T. Collins . . . 212 Dr. Tumblety 213	A New York Coroner . . . 216 Professor Gardner's Uterine Elevator—Claims for Originality and Priority in Invention . . 217 Dengue in Mississippi . . . 217 Solidified Glycerine or Plasma . 218	
Treatment of Dyspnea. Being one of a Series of Lectures on Dyspnea, delivered at the College of Physicians and Surgeons during the Spring Course of 1860. By Andrew H. Smith, M.D. 206	REVIEWS. 1. Annual Report of the Board of	MEDICAL NEWS. COMMUNICATIONS RECEIVED: METEOROLOGY AND NEUROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK: MEDICAL DIARY OF THE WEEK. SPECIAL NOTICES.	
	Health of the City of Baltimore— 2. Report of the Board of Health of Philadelphia, for 1861; Sanitary and Statistical. In accordance with an Act of the Legislature, approved March 8, 1860, for Registration of Births, Marriages, and Deaths— 3. Annual Report of the City Inspector of the City of New York, for the year ending Dec. 31, 1860— 4. Annual Report of the Health Officer of Brooklyn, for the year 1860— 5. Report of the Health Physician of the City of Newark, together with Reports of the District Physicians of the Board of Health 213	PROGRESS OF MEDICAL SCIENCE. Uræmic Intoxication. 214	

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Original Lectures.

LECTURES ON DIPHThERIA.

DELIVERED IN THE COLLEGE OF PHYSICIANS AND SURGEONS,
NEW YORK.

BY

A. CLARK, M.D.,

PROFESSOR OF PATHOLOGY AND PRACTICE OF MEDICINE.

LECTURE I. PART II.*

Invasion and progress.—Early symptoms often insidious.—No guide in prognosis.—Membrane in the Fauces—in the Nasal Passages—in the (Esophagus)—the croupous form—Buccal Diphtheria.—Importance of examining the Cervical Glands.—Membrane in the Maxillary Sinuses.—Diphtheritic Ophthalmia.—Collapse during apparent convalescence, and in the acute stages.

Now, then, we come to consider some of the circumstances that attend the invasion of this disease, and those which mark its progress. As to its initiatory symptoms, they have no definite relation to the future severity of the disease, or to the parts that are to be the seat of the inflammatory exudation. When diphtheria appeared among us for the first time as a prevailing disease, the cases that I saw were almost all of them ushered in by pretty acute symptoms; a chill, followed by a fever; and then, in a small proportion of cases, a chill and fever alternating two or three times in the course of a single day. Those instances in which the chill was repeated were rare; but a very decided invasion was, in the cases that I saw, the rule in the beginning of the disease. As it went on, the symptoms of invasion were less and less marked, and not unfrequently, as is now noticed, it occurs without any that attracted attention. Several instances of this kind now occur to my mind; but two of these will serve for illustration:

Two children, two and a half and four years of age, were observed to have the symptoms of slight catarrh for two or three days, but there was nothing to awaken anxiety. They followed their amusements in the nursery as usual, when at length the mother noticed a croupy cough in the youngest, and sent for the family physician. He found the usual early symptoms of croup, and a diphtheritic membrane on the tonsils, extending downwards beyond the reach of sight. He examined the other child's throat, not because he expected to find any evidence of grave disease, but from motives of prudence, and was surprised to find the tonsils almost completely covered with false membrane. The youngest grew rapidly worse, and in four days died of diphtheritic croup. The eldest was at no time dangerously sick, and did not keep her bed a single day. The membrane was detached in two days, and did not reappear. The only medicines were tonics and chlorate of potassa, with full nutrition. Bretonneau, in examining the throats of young persons in a school where diphtheria was prevailing, found the membrane in many instances where there was no complaint of ill health, and where it was not suspected till it was actually found. Such cases will teach you two important lessons: first, that the disease does not always make its invasion by any symptoms calculated to excite alarm; and secondly, that those symptoms, when once declared, are to be considered by no means as a measure of its severity. It is not easy, then, to fix in very definite terms the character of the invasion, the symptoms being sometimes very decided, at other times very insidious. But where the disease is once formed, you look for symptoms relating to the fauces, trachea, nasal passages, mouth,

or oesophagus, for it is in these that the membrane is most frequently formed.

When it is confined to the *fauces*, there is often but little occasion for alarm. These are the cases from which most of the recoveries come. The breathing is not interfered with, there is not necessarily much cough, the general health may not suffer materially; and yet, let me say to you, that when it forms in the fauces only, and does not extend beyond, you will not unfrequently find, as the disease advances, the most formidable symptoms; and as we shall see by and by, too often a fatal result.

When it advances into the *nasal passages* you will have indications somewhat before the formation of the membrane. You will usually see it in the fauces, perhaps folding back beyond your view upon the palate; the nose will become a little red, and there will be a little snuffling upon one or both sides; directly there is a discharge of a yellowish watery or ichorous matter nearly transparent. This may irritate the skin of the lip a little, and may, in the end, cause swelling of the upper lip itself. Soon after this discharge makes its appearance, there may be seen forming upon the swollen mucous surfaces, a delicate membrane; and this growing thicker and more abundant will not unfrequently stand out upon the white tissues joining the red of the nose. And then still the ichorous matter will continue to be discharged; it will sometimes dry upon the false membrane, and finally plug up the nostrils altogether, so that respiration can be performed only through the mouth. At other times, the nostrils are not plugged up, and breathing through them is only difficult.

When the membrane forms in the *oesophagus*, you have no very decided indications of its presence there. There is no great difficulty of swallowing; there is no particular pain that will lead you to the suspicion of its formation in that tube. You learn it mainly from the fact that ribbons or a large membrane is vomited up, or perhaps the same things may be found in the stools.

But when the *larynx and trachea* are invaded, you have the most formidable variety of this disease. Then it is that you have everything to fear. Then the chances for recovery are scarcely so good as one in eight or ten of all who are attacked. The symptoms of this invasion of the trachea and larynx, are precisely or almost precisely those of croup. The voice is changed; it loses its compass and strength, and frequently is reduced to a whisper. The breathing becomes noisy; we call it stridulous; the cough for the most part becomes hoarse and croupy, occasionally shrill and brassy; there is difficulty of breathing; the child's head is thrown back, to open the larynx fully, and give force to some of the respiratory muscles. He not unfrequently vomits; but this affords him very little relief. The difficulty of breathing becomes more and more considerable as the disease increases, and in some instances there is very marked restlessness. In other instances there is much drowsiness. The surface of the body often shows the marks of incomplete aëration of the blood. The nails and lips become blue, or there may be a general cyanotic condition. The wings of the nose are expanded in inspiration. Everything shows that the child is about to die from asphyxia or apnoea. While in the other forms of the disease children die from the general influences of the diphtheritic poison, these scarcely live long enough to experience them.

This membrane may be found *lining the whole mouth*. Then it usually is produced first in the fauces and extends forward. In my observation the mouth does not take on this diseased action in the mild cases, but rather in those in which the disease is invading the nasal and respiratory passages. It has been known to begin on the gums (gingival diphtheria), and extend backward into the fauces, so covering the mucous surfaces of the mouth. When the mouth is so covered the red tissues are everywhere—on the roof, the inner surface of the cheeks, the tongue, the gums—hidden by a layer of exudation that looks like a half dried coating of plaster of Paris. As this peels off portion by portion,

* Erratum.—In Part First of this Lecture, second column, fifth line from the bottom, for "inches" read *lines*.

the natural structures are left red and shining. This stomatic diphtheria alone is no more grave than other forms of the same disease, and much less so than the tracheal variety. It produces but little of actual pain, but it makes the mouth stiff and embarrasses its motions; destroys the taste for the time, makes it painful to talk and swallow. Hot and stimulating drinks appear to be in the highest degree unpleasant. Indeed, the little sufferers affected in this way sometimes resist every administration by the mouth, with a perseverance, I may even say a frenzy, which only an absolute and apparently cruel firmness on the part of attendants can overcome.

In all these forms of disease, one feature is almost uniformly noticeable, and that is a *swelling of the glands* at the angle of the jaw, and of those extending downwards from this point. Indeed, it is regarded as one of the diagnostic marks in the early stage, that these glands, though ever so little, are swollen. They are usually swollen *unequally*. When the disease is prevailing, Bretonneau warns us, at the least snuffing, on the slightest indication of coryza, to feel behind the angle of the jaw, and below the lobe of the ear, and so down the side of the neck for swollen lymphatic glands. We are then to examine the upper lip. "In simple coryza the skin is reddened equally under each nostril, while in the Egyptian disease it is only on the side of the glandular swelling. If the swelling exists on both sides it is unequal. On the side where the swelling is least, the redness of the lip will be least. From the period of this discovery, we are certain there is a special affection—in fact, the Egyptian disease." By "Egyptian Disease," M. Bretonneau means diphtheria.

In this connexion, I may better say that this disease may appear on the *gums*, as it often appears on the tonsils, without extending beyond the parts it first attacks. Such cases belong in general to the milder forms of diphtheria.

Among the rarer seats of diphtheritic exudation I may mention the *external ear*. This tube has been seen lined by it. M. Bretonneau reports an instance in which the *lining membrane of the antrum highmorianum* was fully involved. A poor Jew had died while the physician was making preparations for tracheotomy. The false membrane was found in all the air passages as far as they could be followed and also making an *adventitious lining of both maxillary sinuses*, filling both with a turbid serous fluid, in which were floating bands of false membrane as in a pleuritic effusion.

I have here a letter from Dr. Whittlesey, Physician to the Children's Hospital on Randall's Island, relating to some cases of *diphtheritic ophthalmia* that occurred there some time ago. Dr. Rives, assistant physician in that institution, two or three years ago, exhibited to me some specimens of this disease, and they were shown to the class then attending lectures here. The eyelids were both covered by a firm elastic exudation, and the same membrane covered the conjunctiva of the eye as far as the cornea. Dr. Rives informed me that in his department of the hospital there had been at that time five cases of this affection, more or less extensive, and that in his cases, if the patient survived, the inflammation was destructive to the eye, and blindness followed. Dr. Whittlesey's letter informs me that these cases occurred in the winter of 1857 and '8, before diphtheria became epidemic in this city, and while it was prevailing in Albany. But a similar disease showed itself in that institution four years earlier. Dr. Whittlesey states that, "In the winter of 1853-4 measles and scarlet fever prevailed in this institution; and there were three cases of diphtheria. The patients were children that had suffered from measles and were in a feeble emaciated condition. They all died in a few days after the membranous disease appeared. The deposit or exudation was upon the inside of both eyelids, nearly a line in thickness on the upper, and of such consistence that it could be removed with forceps, retaining the form of the lid as a cast, presenting an appearance similar to that of the specimen presented to you by Dr. Rives." This form of diphtheria has been repeatedly noticed in Europe.

These are, however, only the local manifestations. Those of a more general character are still to be considered. It not unfrequently happens that persons who have gone through with all that I have now described to you, and appear to be recovering, suffer still from a prostration that seems almost unaccountable. Take one or two fatal examples. Early in the occurrence of the epidemic, in a patient of Dr. Crane's, the membrane, if I remember rightly, was found, as it is commonly, in the fauces, but not beyond. The patient went through with the earlier stages of the disease, the membrane exfoliated, and everything seemed to be doing well. His convalescence was announced to the friends of the family. About ten days after the membrane disappeared, Dr. Crane was called in haste to see the child, as it was very much worse. When he reached the house, he found that he was so much prostrated that there was scarcely any pulse. The patient had been sitting up the earlier part of the day, but now he could not raise his head from the pillow without fainting. It seemed to the Doctor that there was internal hemorrhage, yet there was no other manifestation of it. In this sinking condition the little one remained from two in the afternoon until seven in the evening, when he died, precisely, if I can judge, as persons usually die from the rupture of some vessel that allows fatal hemorrhage into the intestines, or uterus. On the morning of the day on which he died, there was nothing to lead to the suspicion that he would not get well, except the treacherous nature of the disease. In Dr. McCready's case, already referred to, a similar history is to be given. This child had an extraordinarily thick membrane formed upon the tonsils and uvula; you see a portion of it in that vial. The symptoms were those of ordinary sore throat at first. In a day or two the tonsils became covered with the membrane. There was not much disturbance of the general health. In a few days exfoliation took place, and there was promise of speedy recovery. A week later, however, membrane appeared in nostrils; rapid collapse followed, and the child died in twenty-four hours.

A son of Mr. D., two years old, had the diphtheritic membrane first in the fauces, afterwards in the larynx, and probably in the trachea. Little hope was entertained of his recovery for many days. At length the croupous cough, the rapid and stridulous breathing slowly subsided, with the expectoration of fragments of membranous matter, and the child appeared to be convalescent. The danger seemed to have passed, and he was taken into the country. But there he lost strength and flesh, sank into deep prostration, and died in three weeks without renewal of the dyspnoea, or any other symptom of throat disease.

Well, now, what is it that produced death under these circumstances? The obvious answer is—a certain poison, the nature of which we do not understand, which, though it has spent its force to produce local manifestations, has not yet exhausted its fatal control over the nervous system. It seems to destroy, making allowance for the difference in time, as prussic acid does, by overwhelming the nervous forces. I know nothing else to say about it. A case or two more to illustrate this point. In a patient on Staten Island, whom I saw with Dr. Gunn, the history is a little different, and yet no more favorable. A young lady fourteen years of age, had the membranous disease of the fauces; it was of the variety once called the sloughing sore throat. A membrane had formed of considerable firmness and thickness, and apparently in successive layers; the older parts were sloughing off from the newer. Her throat looked as if there was an abundant dirty purulent slough covering it. This is no uncommon appearance; and these very appearances have led to some of the names which have been given to this membrane in the older time. You can hardly believe when you see such an appearance that it is not really a gangrenous condition of the natural tissues of the parts; but if you watch such a case, and it has a favorable termination, you will see that the whole of this material

will clear off without even so much as a depression being left. This was the condition of the young lady's throat. Her breath was somewhat, but not markedly fetid. She had been sick just six days, when I saw her. She had been attacked with sore throat pretty suddenly in church. Not having a chilly feeling, but still experiencing general discomfort, she left the church for her father's house. The physician was called the next day, and found the membrane. It continued then, from Monday until Saturday; and now without any great loss of strength, without any difficulty in breathing, without any membranous formation of the nares, without any evidence even that it had formed in the oesophagus, this young woman was about to die. At two o'clock in the afternoon of the Saturday, her mind was perfectly clear, her strength such that she had to be admonished not to use it. When it was proposed to do anything, to look at her throat, for example, she would jump to sit up in bed. This, of course, we forbade. *There was a blueness over the whole surface of the body, and yet the pulse was not very feeble. Her pulse did not give warning of what was to come in five hours, and yet in that time she was dead. She did not die of dyspnoea. She did not die of the direct effects of inflammation in her throat, but of diphtheritic poison, operating in some way or another apparently to prevent the free aeration of the blood, and how that could be I do not know, perhaps by some paralyzing influence on the pneumogastric nerve.*

A beautiful girl four or five years of age, had an exudation on her tonsils which was at first treated by repeated application of a strong solution of nitrate of silver. Afterwards by milder local applications, as chlorate of potassa. She had but little fever, and maintained, for the most part, a fair appetite. She was most of the time cheerful and playful, though almost wholly kept in bed as a measure of prudence. The membrane forming in successive layers on the tonsils, lasted twenty days, as I have said, without extending to the air-passages or the nostrils. From the sixteenth day, she lost her relish for food. On the eighteenth, the pulse began gradually to increase in frequency without heat of skin, and without any discoverable cause advancing from eighty-five in the minute to ninety-five, one hundred, one hundred and ten. The next day it increased still in frequency to one hundred and twenty, to one hundred and thirty, and one hundred and forty; and on the third day of this acceleration, she died, as the fire dies out for want of fuel. There was not the slightest dyspnoea from first to last—no hoarse cough. There was no visible hemorrhage. This is the case in Dr. Noyes's practice, already spoken of.

You see, then, that there is a great deal in this disease beyond its merely local manifestation. I have not finished describing to you the circumstances that may prove fatal after the earlier periods of the disease have passed.

syphilitic treatment prescribed by a French physician. This last winter he contracted a third gonorrhoea, which lasted but a few days, and was followed by a gleet. Since that time the patient finds that his general health is much weakened, his sight is quite affected, the appetite lost; there is usual constipation, and the power of the genital organs is nearly exhausted. He cannot walk without his legs becoming numb and dull; their sensibility is remarkably diminished, and most generally he experiences constant pain in the loins and in the back part of the head. A careful examination of the urethra shows the existence of a stricture in the spongy portion, which surely causes the gleet under which he suffers. I advised the patient to have the stricture treated by progressive dilatation; to take every morning and night an injection with zinc sulphatis, acetatis plumbi, aa ʒj., aque dist. fʒ viii., to be purged occasionally with pil. rhei co. gr xij., to take three times a day a pill with ext. belladonnæ ¼ grain, pulv. ergotæ gr. iij., and in the morning a cold douche upon the spinal cord, and to use a generous diet.

I need not enter into unimportant details of this treatment, which the patient followed regularly. May I only say that the progressive dilatation and the injections, as well as the use of belladonna and ergot, and of the hydro-therapeutic means, caused in five weeks the disappearance of the gleet, and of the incipient paraplegia. At the end of July the patient, on my advice, went to take the Barège sulphurous bath.

CASE 2.—Stricture of the Urethra—Retention of Urine—Cystitis of the Neck—Paralysis of the Lower Limbs—Cure. Nov. 29, 1860.—M. J. O.—, unmarried, aged 32 years, came under my care in November 29, 1860. This patient is a stout man, of good constitution, and has been travelling a great deal during the eight past years. He has had several gonorrhoeas, for which he had never been properly treated. The last one he contracted three years ago, and for eighteen months past there has been some difficulty in passing water, accompanied with pains in the urethra, and at times about the loins. Having been exposed to the cold weather and rain during the past few days, he began to feel yesterday evening a great difficulty in passing water, suffering pain in the penis, and much tenderness in the pubes. This morning the patient is restless, the pulse strong, and there is complete retention of urine with great desire to pass water, tenesmus, and a considerable dullness in both legs. I endeavored to introduce a catheter into the bladder, but it was impossible on account of the contraction of the urethra, and the pain it gives the patient. An enema was prescribed with two ounces of gruel and fifteen drops laudanum, and a hot bath at 90° Fahrenheit, to remain in it half an hour. Some relief was obtained by these means; there were a few drops of urine passed, but the retention and the pains continued as before. The following liniment was then applied to the pubes; tinct. bellad., tinct. aconiti, chloroform. aa ʒiv., ol. oliv. ʒj.; after two hours of unsuccessful trial to pass the catheter, I decided to put the patient under the influence of chloroform. He at once began to expel the urine, but the stream not being constant, the catheter was introduced without difficulty, and the bladder emptied. The urine was in considerable quantity, very mucous and red. The catheter was left in the bladder, the effect of chloroform disappearing, I was able to ascertain that there was cystitis of the neck, the instrument producing no pain whatever when pressed against the walls of the bladder, whilst it caused severe contractions and could hardly be moved without exciting extreme sensibility in the neck. I must say that the diameter of the instrument employed was three millimetres, or No. 9 Filière Charrière. After the above operation, the patient took the following mixture; mist. acacie ʒss., olei terebinthinæ ʒxv., aq. dist. ʒj.; and went to sleep for five hours. At 6 p.m. had fever, with chilliness and numbness in the legs, which he could scarcely move. The catheter was passed with great pain, and six grains of sulphate of quinine ordered to be taken *illico*, and during the night a

Original Communications.

CASES OF REFLEX PARAPLEGIA.

BY

M. GONZALEZ ECHEVERRIA, M.D.

LATE ASSISTANT PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTICS OF LONDON—CORRESPONDING FELLOW OF THE "SOCIÉTÉ D'ANATOMIE DE PARIS," FELLOW OF THE MEDICAL SOCIETY OF LONDON, ETC.

CASE 1.—Strictures of the Urethra—Gleet, Reflex Paraplegia. Cure.—June 12, 1860. Mr. A. L.—, unmarried, 28 years old, and of rather a weak constitution. He had very much abused his health by masturbation during his youth. When eighteen years of age he contracted a gonorrhoea, which he cured himself with copaiba and stringent injections. He had a second one two years ago accompanied with a chancre and indolent bubo, and then submitted himself to an anti-

purge with three of the following pills: Pil. colocynth. co. 3 ss.; pil. galbani comp. ʒj.; ol. crotonis ℥ij. M. f. pil. xviii.

Nov. 30.—This morning no fever nor chilliness, but the numbness and dulness in the legs continue. Sensibility of the latter is normal. The bowels have been freely open; urine not so red, and expelled painfully without the catheter. *Prescription*.—Pilula—Ext. bellad. 4 grain, pulv. ergotæ gr. iij., three times a day; liniment—belladonna, aconite, and chloroform to the pubes. Generous diet.

Dec. 1.—The patient is better, water passed with little trouble. Legs in the same condition. *Prescription* as before.

The same treatment is continued till the 9th, and from this date I commenced with the progressive dilation of the stricture. Three different diameters were passed up to the 17th, at which date the difficulty in the movement of the lower limbs was much diminished.

The treatment was carried on with the addition of a sulphurous bath twice a week, and on the 26th the patient walked and passed water freely, although the stricture has not disappeared, and there is a mucous discharge by the urethra every morning. He was advised to take twice a day an injection, with two drachms of sulphate of zinc in six ounces of water, and to continue with the above prescriptions. The amelioration progressed gradually till the 3d of January, when the patient was obliged to leave town.

CASE 3.—*Amenorrhœa with Paralysis of the Lower Limbs.* Cure.—19th Dec., 1860.—Miss M. S., aged 19 years, of good constitution, without any hereditary or acquired disease. Had her menses for the first time when sixteen years old, since which, up to the present time, she has always been regular and enjoyed good health. She took a cold bath when about to have her period, and soon after was seized with chilliness, headache, and pains in the loins. These symptoms were accompanied with fever, amenorrhœa, painful micturition, constipation, weakness, and numbness in the lower extremities, with great loss in their movement. I advised the patient to have twelve leeches applied to the top of the thighs, but as she was opposed to this application I ordered her a purge with one ounce of sulphate of magnesia and a hot foot-bath. The purge acted fairly, and caused the fever to leave her, as well as the headache; but on my seeing the patient on the morning of the 20th, I found that there was no relief whatever in the amenorrhœa nor in the paralysis. An attentive examination of the limbs showed me that sensibility had totally disappeared as to the skin of the left leg; that of the right one being somewhat sensible. Both limbs were dull, and could hardly obey the will; if pressed strongly, there was a profound feeling in all the muscles. After these symptoms, I decided to try electricity for the amenorrhœa. I applied the extra current of Ruhmkorff's electro-magnetic apparatus for ten minutes, each of the reophores being put upon the ovaries. Shortly after this operation the pain in the loins left her, and at noon there was a show of the menstrual discharge preceded by severe uterine pains. Second application of electricity at 7 P.M. A hot foot-bath during the night, and an enema with twenty drops liq. opii sedat.

21st.—The catamenial discharge took place without pain during the night, and continued to be normal. Dulness in the legs diminished, but sensibility is still lost in them. Application of electricity, one reophore applied to the sacrum and the other moved along the skin of the legs. Three grains of iodide of potassium to be taken three times a day in half an ounce decoction of bark. Pil. rhei co. gr. viij. to be taken in the night.

22d.—Menses continue free; bowels opened twice this morning. Paraplegia diminished, sensibility returns in the lower limbs. Another application of electricity; iodide of potassium to be continued as before. The amelioration from this date progressed; electricity used for a week more, and she took the iodide till the time of her next period, which came on three days later, preceded by slight pain in the loins, but without any symptom of paralysis. The patient, however, is ordered to continue with the iodide for

three weeks more, as a preventive to pains in her future turns.

The number of cases of *reflex paraplegia* altogether observed by Stanley, Rayer, Le Roy d'Étiolles, Jr., Macario, Laudry, Graves, Spencer Wells, and our eminent friend, Dr. Brown-Séquard—is sufficient to prove the existence of that peculiar kind of paralysis. Therefore those I have just presented are only intended to show the points in their treatment worthy of interest.

The first case is a remarkable proof of the favorable effect upon the paralysis by the changes in the urinary disease, and of the unquestionable benefit of belladonna and ergot, and of the hydrotherapeutic treatment. The same good effect of belladonna and ergot can be seen in the second case, and a valuable proof in favor of the administration of chloroform for obstinate retention of urine so justly recommended by Mr. H. Thompson, of London, in his excellent book on "Strictures of Urethra." I found it so beneficial in the patient I alluded to, that agreeing with the able surgeon already named, I consider it a means to be resorted to, especially when the nervous system is affected, and pain is a cause of excitation in the patient. Those accustomed to the employment of the catheter in subjects afflicted with retention due to myelitis, to cystitis of the neck, or accompanying reflex paraplegia, know how difficult its introduction is, and how great the pain it produces even when the operation is performed with caution and skill. Retention in case of cystitis of the neck is produced by a constant spasmodic contraction of the sphincter vesicæ, and under these circumstances chloroform will be the best remedy. As regards the last case, it is important to note the continuance of muscular sensibility whilst that of the skin was lost. This case confirms the advantage of electricity as a remedy for amenorrhœa, denied by Becquerel and other physicians. It is not the only instance in which I have seen electricity successful; I have had myself other opportunities of noticing the menstrual period advanced in women who were under a regular faradic treatment on account of hysterical disease. I have cured real amenorrhœa by this means only, and lately I caused the disappearance of a severe uterine colic in a case of dysmenorrhœa after a first application of ten minutes: in this same patient electricity has proved the most efficacious remedy to re-establish the normal state of the menstrual function.

I conclude by calling attention to the advantages of iodide of potassium against troubles in menstruation and uterine diseases, as observed by some other physicians. Its action, I think, probably depends upon the influence it has on the globular elements of the blood which it increases in a rapid manner, as stated recently by Ricord and Grassi.

NEW YORK, March 10, 1861.

TREATMENT OF DYSPNŒA.

BEING ONE OF A SERIES OF LECTURES ON DYSPNŒA, DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS DURING THE SPRING COURSE OF 1860.

BY ANDREW H. SMITH, M.D.

ALTHOUGH in most cases the treatment of dyspnœa is necessarily comprised in the efforts towards the removal of the obstruction to respiration which gives rise to it, yet there are cases in which the cause of the difficulty is entirely beyond our reach, or in which the danger is so imminent that we cannot wait to strike at the root of the evil, but must direct our treatment to the effect of the cause rather than the cause itself. It is to cases of this nature that I wish to invite your attention.

The essence of dyspnœa consisting in a disproportion between the change to be effected in the blood while passing through the lungs and the amount of air present to effect that change, it follows that our efforts should be directed towards diminishing this disproportion. This may be effected in different ways. Firstly, we may operate

upon the circulation, diminishing the amount of blood brought to the lungs; secondly, we may act upon the nutrition, lessening the amount of effete matter entering into the blood; thirdly, we may induce some of the other organs to perform a part of the labor which would otherwise fall upon the lungs; and fourthly, we may impart such qualities to the atmosphere imbibed, that a smaller quantity than usual may still suffice.

The first mode of treatment mentioned, that of acting upon the circulation, gives us the choice of several ways of attaining our object. The first of these is blood-letting. The immediate effect of this is to diminish the amount of blood circulating through the lungs, and thus give opportunity for a more thorough contact with the atmospheric air. A secondary effect is to render the nutritive changes less active, and thus lessen the amount of effete matter to be carried off through the lungs. In cases, therefore, where the primary disease is of a nature to be benefited, or at least not to be aggravated by venesection, we have a valuable agent in the lancet. But unfortunately, in a majority of these cases there is already great prostration; and besides, copious bleeding, by favoring effusion from the pulmonary mucous surfaces may often serve only to aggravate the difficulty. The use of this remedy is therefore restricted to a few exceptional cases.

Akin to blood-letting in its operations is the exhibition of purgatives. But the same objection, though in a less degree, exists here as in the case of venesection. Its action, moreover, is not sufficiently prompt to recommend it in a case of emergency.

Under this head may also be placed counter-irritation, which is often of service, though its action is probably through the nerves rather than through the circulation, since it is difficult to conceive how the obstruction of the small quantity of blood withdrawn from the general circulation and held in the irritated part, could affect the process going on in the lungs.

In cases of emergency, where the condition of the patient would forbid the obstruction of blood, temporary relief might perhaps be derived by preventing the return of venous blood from the extremities. In this way the labor thrown upon the lungs would be diminished, and at the same time the carbonic acid taken up in that portion of the circulation would be prevented from exerting its poisonous effects upon the nerve centres.

Simple *retardation* of the circulation does not seem to be productive of benefit in cases of dyspnoea, probably owing to the fact that, although less blood passes through the lungs in a given time, it is more intensely venous, and hence the demand for air remains the same. In a number of cases which have come to my knowledge, *veratrum viride* has been administered for other purposes, and a previously-existing dyspnoea has been aggravated rather than relieved. I am indebted to Dr. Barker for the mention of several cases of this kind occurring in his practice.

The second method, that of acting upon the nutrition, is of great importance, particularly in cases of protracted dyspnoea. Inasmuch as the amount of carbonic acid to be disposed of through the lungs depends principally upon the activity of the nutritive changes, everything which has a tendency to prevent such activity should be avoided. Hence the most perfect repose both of body and mind is important. But it is principally through the diet that the carbonic acid can be diminished. Experiments by Bernard, which have since been repeated by Cothar Meyer and others, prove that while on a vegetable diet 91 per cent. of the oxygen taken up by the blood is returned in the form of carbonic acid, and 74 per cent. is returned when animal food alone is consumed, making a difference of 17 per cent. in the labor performed by the lungs.* These figures show at once the immense advantage of animal diet in cases of dyspnoea depending upon chronic disease, and account, at least in part, for the benefit derived from the use of animal food when the lungs are

crippled by tubercular deposit. But this fact, however important, when the danger to the patient is not imminent, is not applicable when the circumstances demand prompt relief. There is a class of remedies, however, which exert a direct effect upon the nutritive changes and lessen greatly their activity, viz. stimulants. These, particularly when taken upon an empty stomach, have the effect greatly to reduce the amount of carbonic acid carried off through the lungs, and this effect is produced so speedily that it would be available, if only a moderate time were allowed for its operation. It is probable that the changes in the pulse so often observed in cases of bronchitis and pneumonia under the influence of stimulants may be attributed as well to the effect upon the respiration as that upon the system generally.

The third method which I have mentioned, that of acting upon other organs to induce them to perform a portion of the duty belonging to the lungs is comprised in efforts directed to the skin, the kidneys, and the digestive organs. The skin being an important emunctory of carbonic acid, as well as other impurities contained in the expired air, care should be taken to preserve its activity. With this view we should endeavor to keep it in a moist condition, and everything which has a tendency to obstruct the pores should be removed. For this reason the free use of oleaginous embrocations, etc., should be avoided.

It is well known that the kidneys and the lungs may act to a considerable extent vicariously. This fact suggests the propriety of stimulating the action of the kidneys by the use of means calculated to increase the amount of solid matter in the urine. In reference to this, as well as for other reasons, it would be extremely desirable to ascertain the effect of the various diuretics upon the quantity of the different substances contained in the urine, and especially of the organic salts, a subject which, I believe, has not been to any extent investigated.

It is worth a trial to ascertain whether alkalis introduced into the system might not bind a portion of the carbonic acid circulating in the blood, and provide the means for its excretion through the kidneys.

By means of the digestive organs we may introduce into the blood precisely that agent the supply of which through the lungs is deficient, viz. oxygen. With this view, a remedy has come into notice, which promises to be of great value. This remedy is the chlorate of potassa. The use of this article is not a recent suggestion, but it has been to a great extent rejected on theoretical grounds, it being alleged that the system could appropriate no portion of the oxygen contained in the chlorate of potassa, since, as was claimed, the salt appeared, grain for grain, in the urine, unchanged by having passed through the circulation.

Dr. Barker, of this city, who has given especial attention to this subject, has obtained decided advantage from the use of chlorate of potassa in a number of cases of dyspnoea. The relief obtained by some of his patients was very remarkable. In one case of severe cardiac asthma, when the attacks of dyspnoea came on, the patient would beg the attendants to give him "*some more of that breathing medicine*," a comment upon the use of the remedy of more value than any amount of theoretical discussion.

An extensive experience on the part of Dr. Barker has led him to consider this agent as an invaluable auxiliary in the treatment of the class of cases under consideration. The results which he has obtained, cannot fail to give a new impetus to the practice.

Dr. B. has also suggested the use of the nitrate of ammonia with a view to obtaining the effect of the protoxide or nitrogen generated by its decomposition.

We come now to consider what may be done to render the limited quantity of air reaching the lungs more efficient for the purposes of respiration. First of all, no pains should be spared to render it as pure as possible. Thorough ventilation should be secured, and the number of persons occupying the room should be no greater than is absolutely required. All unnecessary combustion should be avoided.

* Lemann, *Handb. der Phys. Chem.*, p. 874.

Disinfecting agents should be employed, and vessels containing a saturated solution of caustic potassa should be placed about the room for the purpose of absorbing the carbonic acid expelled from the lungs of the inmates, or generated from other sources. The temperature should not be too high as the air is by that means rarified and deprived of a part of its arterializing power. Although these may seem points of trifling importance, yet in the aggregate they are capable of exerting a marked influence upon the progress of the case.

The dyspnoea consisting essentially in a deficiency of oxygen, the difficulty may be temporarily relieved by supplying directly this deficiency by adding pure oxygen to the atmosphere inhaled. To this, two objections have been opposed. The first is grounded upon the statement that the proportion of oxygen in the common atmosphere is precisely the one best adapted for absorption by the blood; that this proportion cannot be increased or diminished without diminishing the efficiency of respiration. This idea has been advocated more especially by Mr. Savory in the London Lancet. The experiment upon which he bases his conclusion is the following. He inserted the bulb of a thermometer into the rectum of a rabbit, and having noted the temperature caused the animal to inhale pure oxygen for a certain length of time, when he found that the temperature had not risen, but on the contrary had somewhat decreased. From this fact he draws the conclusion I have stated. But it is not so evident that the absorption of an excess of oxygen by the blood implies necessarily an increased energy in the nutritive changes, and must therefore be accompanied by an elevation of temperature. Indeed, it is more than probable that the chemical changes in the tissues are subservient to certain vital influences by which progressive phases of development, maturity, and decay of the form-elements are insured so long as these influences remain in undiminished vigor; and that, therefore, the simple presence of an excess of oxygen in the blood does not necessitate increased energy of the interstitial changes.

But the question is settled beyond all cavil by the appearances presented by the blood of an animal which has for some time breathed an atmosphere highly charged with oxygen. The venous and arterial blood are of nearly the same hue, and both much more florid than normal arterial blood. The muscular tissue and even the liver and kidneys are of a bright vermilion color. These changes can be explained in no other way than by admitting a hyper-oxygenization of the blood. If any further evidence were required, it is furnished by experiments which will be detailed in another connexion.

A second objection brought forward against the inhalation of oxygen is based upon the fact that dyspnoea implies not only a deficiency of oxygen but also the retention of carbonic acid in the blood. The absorption of oxygen and the giving off of carbonic acid, it is said, are distinct and independent processes, and supplying the deficiency of oxygen does not remove the accumulation of carbonic acid. If this be so, it is difficult to explain the results of the following experiment, which I have frequently performed. Tracheotomy is performed upon an animal, and a tube provided with a stop-cock is secured in the trachea by means of a ligature in such a way that no air can enter the lungs except through the tube. The stop-cock is now turned until symptoms of suffocation are produced; the eyes protrude, the pupils dilate, and the whole body is thrown into convulsions. Now, accepting the theory I have just mentioned, the carbonic acid is retained in the blood simply because there is a mechanical obstacle to its exit from the lungs. But if the end of the tube be now connected with a reservoir of oxygen the symptoms are relieved, without having increased in the least the facility for the escape of the carbonic acid. We are compelled, therefore, either to attribute the symptoms of suffocation solely to the want of oxygen, or to admit that the oxygen facilitates in some way the disengagement of the carbonic acid. Whether this exper-

iment demonstrates the fallacy of the theory in question or not, it at least demonstrates the utility of the practice to which the theory is opposed. In one of these experiments respiration was supported for twenty minutes by the use of oxygen, and the animal appeared not to have suffered by the experiment; while another animal with the same degree of dyspnoea, but breathing common air, died in two minutes.*

In order to test still further the effect of the inhalation of oxygen I have resorted to the following experiment. Tracheotomy having been performed and the tube secured in the manner before described, another tube was passed between the ribs into the thorax, care being taken to make the opening so small that the tube would fit air-tight, and to admit no air into the thorax during the operation. This tube was then connected with one branch of a U-shaped tube containing mercury, and provided with a scale of millimètres. The other leg of this latter tube being open, the pressure of the atmosphere would cause the mercury to rise in the branch connected with the thorax with every inspiration of the animal. The height to which it rose would be an exact measure of the force of the inspiration, and therefore, so long as the strength of the animal remained unimpaired, a measure of the degree of dyspnoea.

By this means the result of experiments could be reduced to figures, and at the same time, degrees of dyspnoea appreciated which would otherwise have been so slight as to be imperceptible. I found that even when the trachea was unobstructed, the range of the mercury was sensibly diminished when pure oxygen was inhaled; and that when the dyspnoea was severe, the difference amounted to nearly one half.

The results of these experiments can leave no doubt as to the efficiency of oxygen in cases of dyspnoea, nor are facts wanting in practice to corroborate the conclusions from theory and experiment.

I have twice employed the inhalation of oxygen in cases of croup, in both instances after tracheotomy had been proposed by the physician in attendance, and rejected by the parents. Although both cases proved fatal, still there was such a degree of relief given as to warrant the belief that had the powers of life not been already utterly exhausted the patient would have rallied, and by a persevering use of the remedy might have been ultimately saved.

Some time in February last, I received a letter from a physician in Utica in which he stated that he had employed oxygen in a case of congestion of the lungs occurring in a person eighty-two years of age, and in which the dyspnoea had become alarming. The benefit received was very decided. The dyspnoea was relieved, and the patient was enabled to sleep comfortably. The improvement continued, and the case terminated in recovery.

The following case, for an account of which I am indebted to Dr. Barker, strikingly illustrates the benefit which may, under certain circumstances, be obtained from the use of this remedy. Mrs.—, aged 28, was attacked with a severe bronchitis during the month of February, 1860. Notwithstanding the employment of the usual treatment and the free use of the chlorate of potassa, the disease rapidly progressed until the lungs became so loaded with the bronchial secretion as to produce the most alarming dyspnoea. Suffocation at length becoming imminent, Dr. B. decided upon the use of oxygen. Upon consultation with Dr. Doremus, however, the protoxide of nitrogen was instituted as being more readily soluble in the blood; and a quantity was prepared of which about two gallons were inhaled at a time, this inhalation being repeated two or three times after those intervals. The result was an almost immediate relief of the dyspnoea, followed by a rapid decrease in the amount of the secretion. The patient fell into a quiet sleep, the first which she had obtained for several days. This was at 1 A.M. The following day, the dyspnoea again increasing, the inhalation was repeated with

* These experiments are published at length in the *New York Journal of Medicine* for 1859.

the same success as before. From that time the convalescence was rapid. The patient entirely recovered, and is now enjoying her usual health.

In connexion with this case, I would remark that in a certain class of cases the protoxide of nitrogen would probably be found preferable to pure oxygen. In bronchitis for instance, where the pulmonary mucous membrane is covered with a layer of mucus preventing the direct contact of the atmosphere with the membrane, the greater solubility of the protoxide would be an advantage, as it would enable the gas to penetrate the film of mucus, and thus reach the absorbing surface. In cases, also, where a very powerful diffusible stimulant is indicated, the protoxide might be preferable. It is worthy of remark that in Dr. Barker's case, the effect which the gas usually produces upon the sensorium was not observed.

[For an instance in which the inhalation of oxygen was followed by the most marked relief in a case of dyspnoea from cardiac disease, the reader is referred to the *Medical Times* of November 17, 1860, under the head of "Hospital Reports."]

I have, in two or three instances, administered oxygen in cases where there had been severe dyspnoea for several days, and death was approaching more from exhaustion than from actual suffocation. In these cases, the mischief already wrought in the system is of too grave a nature to be repaired, even though its cause be removed. The case is precisely analogous to those cases of tracheotomy in croup in which the operation relieves the dyspnoea, but the patient nevertheless sinks. To be successful, the inhalation of oxygen should be employed before the lesion of nutrition has gone so far as to produce such changes in the vital organs, and particularly in the nervous centres, as to render them unfit for the continued performance of their function. Employed in time, it might often prolong life until the intensity of an acute inflammation had passed, or until time had been allowed for the application of other means of relief; or if nothing more, until friends had arrived or the disposal of property made.

But besides this first and immediate effect of the inhalation of oxygen, a secondary beneficial effect may be obtained in cases where there is effusion into the bronchial tubes. In a former lecture* I have shown that the necessary mechanical result of dyspnoea is to produce congestion of the lungs. That a tendency to effusion would be aggravated by this circumstance is obvious; and any course which would relieve the dyspnoea, and the congestion consequent upon it, would tend to lessen the amount of the effusion.

Such, then, are the means to which we may resort for the alleviation of dyspnoea when we cannot remove its cause. If the cause be transient in its nature, our efforts may make the difference between the death or recovery of our patient; and even when, as is more frequently the case, we are necessarily hopeless as to the final result, we may still do much to prolong life and alleviate suffering.

Reports of Hospitals.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

SURGICAL CLINIC OF PROFS. LOUIS BAUER AND E. A. WHALEY.

CASES OF CONTRACTION AND FIBROUS ANCHYLOSIS OF JOINTS.

[Reported by GEO. A. OSTRANDER, M.D.]

(Continued from page 161.)

CASE VIII.—Mrs. P—, æt. 29 years, a married lady, of healthy appearance, and the mother of three children, was sent to the Institute by Dr. John Cooper, for relief from an affection of her knee-joint, which she had contracted

in her last child-bed. Originally affected with rheumatism, as it seems, in various joints, the disease had fixed itself upon the left knee-joint, causing intense pain, heat, swelling, and immobility. For this she had been treated with setons and by other means, but derived no lasting relief therefrom. When examined by the attending surgeon, Dr. Bauer, the following status morbi was noted: The left extremity is bent in its knee-joint, the biceps muscle firmly contracted, the articulation immovable, the patella firmly adherent to the inter-condyloid space, slightly drawn towards the external condyle; there is some heat and tenderness about the joint, but no fluctuation, swelling, or discoloration. The diagnosis was pronounced to be arthromeningitis, with fibrous ankylosis. I was advised by the attending surgeon to divide the biceps, to break up forcibly the fibrous adhesions of the joint by repeated flexion and extension, and, in fine, to apply adhesive straps with a straight splint, to secure rest and position of the extremity, which was promptly done without any difficulty, the patient being under the influence of chloroform. No constitutional or reactive symptoms followed this proceeding, but, on the contrary, the local symptoms were materially diminished, and the patient, consequently, more comfortable than previous to the operation. When, after the lapse of six days, the passive motions of the joint were proceeded with, adhesions of the articular surfaces had formed again, demonstrating thus that active disease was still extant. With the aid of a supporting instrument, the patient could, however, walk without pain or inconvenience, and as she declared herself perfectly satisfied with this result, she was, at her own request, discharged with a stiff, but straight and useful limb. I have since (ten weeks after her discharge from the Institute,) seen her walk with perfect ease and comfort without any aid whatsoever, and she is well pleased with the results attained.

CASE IX.—Wm. J. P—, aged 12 years. This patient, some five years ago, met with a fall upon his left knee, while playing in the street. Judging from the considerable pain and ecchymosis in and about the injured articulation, it must have been a contusion of some violence. The local symptoms continued for months, with lameness, and at the clinic of a distinguished surgeon he was treated for "white swelling" and articular abscess. Continuous poulticing for one month failed, however, to bring the presumed abscess to maturity. Then blisters were resorted to, besides constitutional treatment. His improvement was very slow, yet enough to permit locomotion. There remained, however, some swelling of the joint. About twelve months ago the patient met again with a slight accident upon the affected articulation, whereupon the swelling increased to such an extent as to impress the consulted physician with the apprehension of hydrarthrosis. Blisters were again applied, and besides, tr. iodine; cod liver oil internally administered. When the patient was admitted to the Institute, on the 27th day of September ult., under the charge of Dr. Bauer, his condition was recognised as moderate synovitis, fibrous articular adhesions, immobility of the patella, contraction of the biceps, with angular malposition of the knee-joint. Dr. Halsey was requested to divide the contracted muscle, to break up, under chloroform, the existing fibrous adhesions, and to follow up this operation by pressure upon the joint, and a straight and restful position of the extremity in an appropriate splint. There were no reactive symptoms during the days following the operation. During the ensuing month the patient improved steadily, the joint losing its tenderness, heat, and tumefaction. He was discharged with a compressive bandage around the joint, a light apparatus, calculated to retain the extremity in a straight posture, and was permitted to use it with care. Since then he has been seen repeatedly, when his recovery was found to be steadily progressing. Locomotion seemed to be easier without the brace, and it was therefore discontinued. During the last three months the patient has been sent into the country, and nothing more was heard from him up to this 18th day of March, when Dr. Halsey reported

* See *Medical Times*, No. 3, Vol. I.

that he had just seen the patient, who, in consequence of a recent severe cold, had become the subject of a relapse in his original disease. Hence this case is not closed, and will be subject to further clinical observation.

CASE X.—George L.—, a German lad, aged 16, entered the Institute on the 11th of December, with a contraction of the right knee-joint, of long duration, which of late had become complicated with inflammation. His parents stated that, when quite an infant, his nurse dropped him, and they presume that on that occasion he met with a contusion of the joint. The best of medical treatment procured did not succeed in alleviating the sufferings of their offspring, which kept him in an emaciated and irritable condition for years. He did not commence walking until he was seven years old, and then it was with a contracted knee-joint and a limping gait. Once gradual extension of the contracted extremity had been attempted, but it was accompanied with such severe pain and disturbance of the system, that it had to be abandoned. But within a year of his admission, the patient had been seen by the most prominent surgeon of Frankfort, Germany, but nothing had been suggested for his relief. However, since he had no pain or inconvenience in the joint, he reconciled himself to the deformity. But having met with a new accident upon the originally affected articulation, the latter again became inflamed, swelled, and tumefied, and this new increase of his trouble prevailed upon him to seek relief at this institution. On examination the biceps was found to be contracted, keeping the leg in an angular position. The slightest attempt at extension caused the most excruciating pains within the joint, which, was hot, tender, and swollen, but movable and free from effusion. The pain, indeed, was so great as to prohibit locomotion, and even at rest and during the night a paroxysmatic pain would disturb him. Dr. Bauer, under whose service he entered as a private patient, remarked that there was a high degree of synovitis, most probably superinduced by a forcible extension of the contracted biceps, which, according to his experience, was not a rare occurrence. He said that whilst the fact was established beyond dispute, that inflammation of joints gave rise almost invariably to reflected contractions of certain muscles, the latter perpetuated their existence beyond the inflammation; and furthermore, although the fact had not been clearly enough demonstrated, that the excited irritation of the excitomotor nerves could be reflected upon the sensitive fibres, and that this reflexion would excite the same inflammation in the same joint from which the muscular contraction was originally started. These views might puzzle physiologists, who, as yet, had not succeeded in revealing by experiment this fact, yet he could adduce quite a number of instances which would bear out his observations. The patient himself stated that he was not fully cognizant of the modus of his recent accident; but since he did not notice any discoloration of the joint, or any other sign of a direct traumatic influence upon the joint, it was but reasonable to infer, the doctor remarked, that the injury had been an indirect one, and most probably consisted of nothing else but forcible extension. Whether the biceps muscle was the only contracted one, or whether the gastrocnemius and soleus were also implicated in the deformity, Dr. Bauer hesitated to decide; the division of the former would solve this doubt. As to treatment, the division of the biceps muscle was decided on and performed, and the extremity managed in the same way, as previously repeatedly mentioned. With this proceeding alone the patient was relieved instantaneously, rest secured, inflammatory symptoms gradually subsiding. There was not the slightest trace of reaction. At the end of a fortnight the patient commenced locomotion, the extension of the extremity being still maintained by a straight splint. Then it became evident that each attempt to put the heel to the ground met with resistance on the part of the gastrocnemius muscle, and with pain in the knee-joint. It was thereupon concluded to divide the Achilles tendon, which had the desired effect in amending the mechanical difficulty, and in render-

ing locomotion easy and comfortable. At the end of a month the patient was discharged, still supported by mechanical appliances, which he has since dispensed with entirely, and uses his extremity with almost the same facility as its fellow.

It need hardly be said that the nutrition of the member and its circumference have greatly improved.

American Medical Times.

SATURDAY, MARCH 30, 1861.

OFFICE OF CORONER.

It is well established, that promptness and certainty in the punishment of criminals are the most powerful safeguards which society has against the reckless commission of crime. When retributive justice overtakes the murderer while his hands still reek with the blood of his victim, the most salutary check is given to homicide. In the early history of all communities we find abundant examples of the sudden and permanent arrest of high crimes by the summary punishment which an excited populace has promptly inflicted upon the offenders. In older communities, where criminal jurisprudence is so administered as to be tardy in the arrest of criminals, doubtful in their conviction, and slow to inflict penalties, we see crimes of every grade gradually multiply. It follows, therefore, that that community is best protected against the commission of crime which has the most effective regulations for the apprehension and conviction of criminals.

But it will be apparent, that efficiency in the execution of any code of laws pre-supposes activity, vigilance, and intelligence on the part of those whose duty it is to enforce it: without these, laws had better never have been enacted, for they serve rather to embolden than check and deter the vicious.

One of the most important officers in the execution of our criminal laws is the Coroner; and it is to the duties of his office, and the manner in which they are now too often performed, that we wish to direct attention. English jurisprudence has bequeathed to us not only the form, but the spirit of the office of coroner. Originally, it was connected with the Pleas of the Crown, and was of the most honorable character. The Lord Chief Justice of England was the principal coroner in the Kingdom, and could exercise the duties in any part of the realm. The coroner was of equal authority with the sheriff in keeping the peace; he was to be a lawful and discreet knight; and was to receive no fees for his services. But his special duties were, by means of a jury, to make inquiry as to the cause of death where persons die suddenly, or are slain, or die in prison. He was directed to inquire "when the person was slain; whether it were in any house, field, bed, town, tavern, or company, and who were there. Likewise it is to be inquired, who were culpable, either of the act or of the force; and who were present, either men or women, of what age, if they can speak or have any discretion. And such as are found culpable by inquisition, shall be taken and delivered to the sheriff, and committed to jail."

It will thus be seen that the original duties of a coroner were most important in the prompt detection and arrest of criminals. As many of the duties, however, pertaining to the office were of an unpleasant character, such as examining dead bodies, gentlemen of rank subsequently shrank from their performance, and it gradually fell into disfavor. And when, at length, fees were added, it became the prize after which clamored the lowest grade of politicians.

Thus has fallen into unmerited disrepute, an office once honorably distinguished by its intimate association with the highest tribunals of justice. But notwithstanding this degradation of its character, and the inferior grade of incumbents consequent thereon, its functions have scarcely been changed.

In most of the States the office of Coroner exists, and the rules which govern it do not differ materially from those imposed by the English laws. These are loose and indefinite to a degree that renders the office almost nugatory when administered, as it now too often is, by incompetent men. The law which created the office of coroner and defined its duties centuries ago, still governs it in spirit.

Notwithstanding the immense increase of those subtle agencies by which crime may be clandestinely perpetrated, and the vast improvement of the methods of investigating the causes of death, as by the microscope, by chemical manipulation, and by accurate pathology, a coroner is still allowed to make as superficial an examination as he pleases, and render a verdict as to the cause of death in terms so indefinite, that it cannot be classified according to any modern system of nomenclature. Mr. Farr says (Registrar General's Report), "The causes of deaths, registered as the result of a solemn, judicial investigation, are the most unintelligible in the Register, as it is impossible to attach a specific idea to 'natural death,' to 'visitation of God,' and several other phrases in use in coroners' courts." We cannot, indeed, present a better illustration of the utter perversion of the true objects of the office than that drawn from actual experience, by Dr. HUNT, of Bellevue Hospital.* An arrogant, conceited official, ignorant not only of the first principles of law and medicine, but even of the English language, decides as to the cause of death where a capable medical attendant is in doubt. He refuses a post-mortem examination, probably considering it a reflection upon his intuitive knowledge of the cause of death, and instructs the jury, composed of some luckless employees lounging in the vicinity, as to the verdict that they must render. This must not be taken as an exceptional case; scenes like these are of every-day occurrence in our city. No one need be surprised that New York has gained an unenviable notoriety for its weekly deaths by violence, when the officer whose duty it is to take the initiatory step towards the arrest of criminals, exhibits such gross ignorance and imbecility.

How shall these things be remedied? Two methods are suggested. The first is, the abolition of the office, and the transfer of its duties to the magistrates' court, where these investigations would be conducted in a legal and orderly manner. It is contended by eminent medical and legal gentlemen that the interests of society would be equally subserved if this change were made. Many who have been obliged to attend much upon a coroner's court, and submit to the insufferable medical and legal pedantry of the pre-

siding genius, will be inclined to favor this method of reform.

The second proposition, and which is the most rational, is to remodel our laws relating to the office of coroner, and compel the selection of a competent person as its incumbent. The laws should define with exactness the various duties to be performed by the coroner, such as causing, in *all* cases, post-mortem examinations by competent persons, such investigations by experts as the present state of the medical sciences requires, to determine satisfactorily the causes of death.

But even this would fail of securing an enlightened and efficient medical jurisprudence, without qualified coroners. That this officer should, in general, be a medical man of education and experience, no one can doubt. It is true that not every physician is qualified for the office of coroner, but we hold that a medical education is a pre-requisite, which the law should establish.

We urge the medical profession to agitate the question of reform in our laws relating to coroners, and strive to secure that modification which will render this office one of the most efficient in the protection of society.

LUNACY COMMISSION.

AN ACT "To create the Office of Commissioner of Lunacy" is now pending in the Assembly, after having passed the Senate of this State. By the politeness of the Hon. Dr. MURPHY, who introduced the bill, we are enabled to present to our readers a synopsis of this important measure. Specially designed to facilitate the administration of justice, and guard both the innocent and the criminal insane against improper treatment when subject to legal restraint or prosecution, the proposed enactment appears to be admirably adapted to this particular object.

§ 1. Provides for the appointment of a competent physician as Commissioner of Lunacy.

§ 2. Whenever it shall be made to appear to a Supreme Court Judge of any district of this state, in open court or at chambers, that there are reasonable grounds for suspecting that any person held in custody in such district, under any criminal charge or indictment, for the commission of any offence punishable by imprisonment in the state prison, or death, is insane, it shall be the duty of such judge to make an order, to be entered in the minutes of the court, directing the Commissioner appointed by this act, to institute a careful examination into the mental condition of such person so held in custody as aforesaid, and to certify the result of such examination to the Judge aforesaid, and until such examination, no trial by jury shall be had against the person so held in custody as aforesaid.

§ 3. It shall be the duty of the Clerk of the Court in which such order is entered, to cause a certified copy thereof to be served upon the said Commissioner of Lunacy, who shall, immediately upon receiving such order, proceed to institute such examination, and for that purpose shall have power, and it shall be his duty personally to examine such person so held in custody as aforesaid, to hear the testimony that may be offered in the case, touching the question of insanity, and report to the Judge of the said district his proceedings and the testimony taken in the case, together with a written opinion respecting the mental condition of the person so examined.

§ 4. If it be the opinion of said Commissioner that such person so examined is not insane, he shall be brought to trial in the manner now prescribed by law; but if it be the opinion of said Commissioner that such person is insane, the Supreme Court Judge of said district, if satisfied upon the

* See letter on page 216 of this number.

question of such insanity, shall thereupon order such person, without further trial, to be removed to the state asylum for insane convicts, there to remain until further order of the Court.

§ 5. Makes it the duty of the Governor to direct the Commissioner to investigate and decide upon the question of the alleged insanity of any condemned prisoner who may apply to the Executive for pardon or commutation of sentence.

§ 6 Defines the Commissioner's duty in such cases.

§ 7. It shall be the duty of the Commissioner to visit, at least once in each year, all almshouses, poorhouses, lunatic asylums, and jails, within the State; to keep a record of such visits; to ascertain the number of insane inmates, the methods of treatment, the general condition and wants of such establishments, and to report the same to the Legislature.

§ 8, § 9, § 10, § 11. Relate to minor details of the appointment and service.

§ 12, § 13, § 14, § 15. Relate to rules to be observed in the commitment and care of the insane.

§ 16, § 17, § 18. Relates to the recording details, and to the release of inmates of Asylums.

§ 19. If the superintendent, officer, or any person employed in any institution for the reception and confinement of insane persons, shall in any way abuse or ill-treat any patient confined therein, or shall wilfully neglect any such patient, such person shall be deemed guilty of a misdemeanor, punishable as in hereafter provided.

§ 20. It shall be the duty of the superintendent, or persons in charge, of any institution in which insane persons are received or confined, to immediately, on demand, exhibit to the commissioner, at any time, all books, documents, and papers relating to said institution, or to any patient therein. * * *

§ 21, § 22. Define the Commissioner's powers in the discharge of patients, and state the penalty of violations of this Act.

That the medical profession, throughout the state, will heartily approve such a beneficent measure there can be no doubt; but it may reasonably be doubted whether any physician professionally competent for this commissioner-ship would rejoice in the appointment, for the labors it would impose are greater than any one man can fully and properly perform. The Commissioner must not only carefully inspect every almshouse, lunatic asylum, and jail, in the sixty counties of the State, at least once each year, but he must, as his chief concern, attend personally to every case of alleged unsoundness of mind in the thousands of criminals and persons accused of crime, in a state having a population of four millions, and a criminal calendar that is frightful in numbers and enormity. Whatever is done by the proposed Commission should be well done, and doubtless the time of the Commission will be mainly absorbed in its jurisprudential duties. The proper inspection and supervision of our almshouses and jails alone, would require the incessant labors of one commissioner, and with this service should be coupled the duty of thoroughly investigating the condition and numbers of the insane in all sections of the state. Accurate knowledge and statistics based upon such investigations would be of vast importance to the state, and of the greatest benefit to the unfortunate victims of insanity. Will the Assembly provide for this? Let the nineteenth Section be better defined, and let there be at least three Commissioners appointed.

THE WEEK.

THE Board of Managers of the Demilt Dispensary, in this city, at their last meeting passed the following Resolutions:

"1. Resolved—That the Physicians of this institution be directed to treat all diseases, under the provisions of the By-Laws.

"2. Whereas hitherto our physicians have treated syphilitic and other venereal diseases whenever they have deemed the applicants worthy; therefore—

"Resolved—That this Board are satisfied with the course hitherto pursued by our physicians in that respect."

It will be observed that this action of the Dispensary Board has reference to the mooted question of rejecting or admitting venereal diseases, in the otherwise unrestricted catalogue of maladies treated at our public Dispensaries. Recently we had occasion to notice a similar decision by the Trustees of the old Centre Street Dispensary, and we hope that the remaining three institutions of this class will soon take similar action, for in a great city like New York the interests of public economy, health, and morals, unite in affirming the importance of gratuitously curing the indigent victims of syphilitic disease. How much better that such persons be cured, instead of sinking into hopeless cachexia and pauperism, perhaps after first pawning their very garments by the demands of the heartless quacks who not only fail to cure their malady but encourage its causes. How much better that our Dispensaries thus welcome such miserable victims of vice, and while they freely offer the best medical treatment, kindly bid them "go and sin no more." We learn that a personal knowledge of many cases of innocent suffering among poor families afflicted with constitutional syphilis, the cost of treating such cases, and the vital importance of early and effectual treatment of the primary disease, induced these Dispensary Boards to take the action here noticed. What would the fastidious objectors to such enlightened charity and economy say if, as in Sweden, venereal maladies should so increase that the parish priests would be morally impelled to give notice from the pulpit, that, "owing to the extensive prevalence of syphilitic disease among the poorer members of the flock, the district physician will visit the chapel every week, on a stated day, and that all who need to be cured must come for advice and medicine!" Should we wait until the syphilitic disease becomes universal before we gratuitously relieve the indigent from its accursed poison? Clergymen and physicians together could not then eradicate the evil.

It was announced last week that a new medical school had been chartered in this city by the State Legislature, to be called the BELLEVUE HOSPITAL COLLEGE. Of the precise organization which the medical board of this hospital propose to effect, we are not informed, but in general terms we may state that the design is to make clinical instruction an essential feature of the course of study. It is intimated that the London schools will be taken as models; the term be lengthened to six months; the number of daily lectures be limited to four; the remainder of the day to be occupied with rigid and systematic bedside instruction for the advanced students, and practical anatomy for beginners. The permanence of this school is secured by the appointment of a Board of Trustees composed of prominent citizens, who will have its exclusive management. The building for the college will be erected upon the hospital grounds. The plan of this school will commend itself to the profession, and if carried out in a proper spirit, will inaugurate a new and more thorough system of medical instruction.

WE learn that DR. CLARKSON T. COLLINS, who founded

an Institution for the treatment of chronic diseases, at Great Barrington, Berkshire Co., Mass., has returned from Cuba, whither he had gone for his health, and is about to re-open this Establishment. DR. COLLINS was formerly a resident of this city, and was connected with several of our medical charities. He was the editor of the *New York Medical and Surgical Reporter*. He also was the first to propose a special hospital for the treatment of diseases of women, and indeed opened such an institution in 1847, at the corner of Second avenue and Fourth street. The institution at Great Barrington is the realization of DR. COLLINS's idea of a retreat for invalids affected with chronic diseases. The healthfulness of the locality cannot be surpassed, and in DR. COLLINS the profession have a guarantee of its excellent medical and general administration. The Institution will be re-opened on the first of April.

The following card appears in an evening paper of this city:

TO THE CITIZENS OF NEW YORK.—In consequence of the foul and slanderous conspiracy entered into to defame my character and ruin me in your estimation, I feel it to be my duty to appeal to those who have had ample opportunity of judging my character as a private citizen and as a medical practitioner, and to express their opinion of both. In reply to the Court article headed "Who is Doctor Tumblety?" in the *Express* of the 20th, Doctor T. is a well known and esteemed practitioner to the inhabitants of the different Canadian cities, Boston, Rochester, Buffalo, and other parts of the United States and British provinces, from whom he has received many testimonials as a mark of their respect; and would be obliged by the *Express* publishing the inclosed, &c.

Here follows a list of some fifty respectable names, endorsing certificates of good character on the part of the Doctor, and his reputation as "being clever in the healing art."

This is the notorious quack against whom a coroner's jury, in Canada, found a verdict of manslaughter for causing death by the administration of his preparations. He fled to the United States, and has commenced his operations in this city. We find on referring to the *Montreal Medical Chronicle* of 1857, that this person has also been prosecuted as an abortionist.

Reviews.

1. ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF BALTIMORE. Baltimore, 1861. pp. 32.
2. REPORT OF THE BOARD OF HEALTH OF PHILADELPHIA, FOR 1860; SANITARY AND STATISTICAL. In accordance with an Act of the Legislature, approved March 8, 1860, for the Registration of Births, Marriages, and Deaths. Philadelphia, 1861. pp. 87.
3. ANNUAL REPORT OF THE CITY INSPECTOR OF THE CITY OF NEW YORK, FOR THE YEAR ENDING DEC. 31, 1860. New York, 1861. pp. 264.
4. ANNUAL REPORT OF THE HEALTH OFFICER OF BROOKLYN, FOR THE YEAR 1860. Brooklyn, 1861. pp. 64.
5. REPORT OF THE HEALTH PHYSICIAN OF THE CITY OF NEWARK, TOGETHER WITH REPORTS OF THE DISTRICT PHYSICIANS TO THE BOARD OF HEALTH. Newark, 1861. pp. 35.

CITIES afford peculiar opportunities for investigation of the laws of mortality and disease, and until an effectual system of Registration shall be enforced throughout the States, we must depend almost solely upon the Boards of Health in

our cities to supply the vital statistics which are so much needed in this country. In cities, also, the constant incentives of public necessity, and the combined interests of a dense population, tend to promote comprehensive hygienic inquiries, and encourage sanitary improvements. Hence it is that in those cities which have instituted efficient systems of sanitary government, the rate of mortality has steadily decreased, as in London, Berlin, Philadelphia, and Baltimore, where the chances of life, the immunity from disease and premature death, are nearly, or quite as great, as in the rural districts, notwithstanding the vast natural advantages of quiet rural life. We here present the leading facts that we find embodied in the Reports of the Boards of Health in several of our American cities.

The Baltimore Board of Health consists of three physicians appointed by the mayor of the city; and, as might be expected, they make a Report that is creditable to sanitary science, and to the municipal government, which has thus provided for the practical applications of medical and sanitary knowledge. Remarkable economy and efficiency characterize the operations of this Sanitary Board. Though its members, Drs. KEMP, HOUCK, and GILMAN, modestly omit to speak of these virtues of their admirably conducted system, the results are such as should silence all objections against exclusively medical Boards of Health. \$51,109 83 paid all the expenses of this Board of Health last year, including the entire cost and supervision of street-cleaning, sewer-cleansing, and garbage-removal.

What would not the inhabitants of New York cheerfully give for such cleanliness and such sanitary supervision as the Monumental city enjoys! And it also appears that not a death occurred from small-pox in Baltimore during the year 1860, though the city used to be sadly affected with that malady. On page 17 of the Report we find a list of twenty-two physicians, and their doings as a Vaccine Department. By virtue of twenty thousand two hundred and fifty-eight cases from house to house, and two thousand two hundred and seventy-seven official vaccinations, was small-pox exorcised from Baltimore in a single year. A prouder monument than to JENNER than one of marble.

Dr. Kemp and his associates have also ventured to demonstrate some other important principles relating to the management of pestilential diseases. As physicians having confidence in medical facts, those gentlemen acting in their capacity as a Board of Health have assumed the responsibility of inaugurating a rational system of Quarantine. Fortunately that Board has the entire control of the quarantine regulations of Baltimore, and they have done good service for humanity as well as for commerce by boldly declaring their faith, and successfully applying their knowledge. From the time when the pestilence-stricken inhabitants of Norfolk fled northward for refuge, that enlightened Board has not failed to substantiate the fearless position then taken in favor of a more rational system of Quarantine. We rejoice to see that the Sanitary Board which in times of greatest peril tested the utility and safety of Quarantine reform, now endorses and calls upon their city to adopt the final Report and Code of the National Quarantine Convention.

An important section of the Report is devoted to sewerage, a matter which has manifestly been thoughtfully studied by the members of that Board. They properly estimate the importance of the Sanitary Engineering question connected with the subject of systematic sewerage. He justly represented the importance of controlling the emanations from sewers by means of stench-traps, etc. "The depreciated value of property along the line of the large sewers, is one indication of the effect of this trouble." This is an argument that will be more heeded than pestilence itself in any of our cities.

The "Report of the Board of Health of Philadelphia, for 1860," presents an instructive sketch of the operations of that Board since its institution last spring. This Board consists of twelve members, five of whom are physicians. Its executive officers, four in number, are appointed by the Governor of the State. Notwithstanding the disadvantage

of not having full control of its executive officers, this newly instituted Board is evidently destined to work out great sanitary improvements in the Quaker city. The first improvement is that of thorough and classified Registration of Births, Deaths, and Marriages. The second improvement, doubtless, will be witnessed in the extension of vaccination. Public Nuisances, Street-cleaning, Drainage and Sewerage, Water Supply, Improved Docks, the management and removal of Night Soil, etc., etc., are practically considered in this Report.

That this newly instituted Board of Health is economically managed, is evident from the fact, that its total cost, exclusive of quarantine and nuisances expenses, amounts to only about twelve thousand dollars for the entire year, and was less under the new than under the old regime. Unlike Baltimore, the city of Philadelphia does not confide to its Board of Health the duty of street and sewer cleansing. But great as the improvement of the sanitary system in Philadelphia is, under the new Health Act of last year, it manifestly would be much more economically and efficiently conducted if all the executive officers were appointed and governed by the Board of Health. Political patronage and partisan favors are in high esteem in Pennsylvania. Fortunately for Philadelphia, the Board of Health of that city can be, and now is, made up of competent men, who are appointed in such manner as to exclude partisan abuses. Though only a minority of that Board are physicians, the profession is represented by men of mark who will not fail to indoctrinate the entire body in the principles of Hygiene. With Prof. Paul B. Goddard as President, and Drs. La Roche, Jewell, Bond, and McCrea in the Council, the public health of Philadelphia will be wisely guarded.

(To be continued.)

Progress of Medical Science.

Uremic Intoxication.—Prof. HAMMOND, of the University of Maryland, has a lengthy article on this subject in the *Am. Jour. of Med. Sciences* for Jan., in which he controverts the opinion of Frerichs, that uræmia is due to the conversion of urea into carb. of ammonia, and ascribes the poisoning to the direct action of the elements of the urine retained in the blood, upon the brain and nervous system; and among these elements, urea may be deemed the most poisonous. Frerichs performed two series of experiments upon which his theory is based: the first of which consisted in injecting into the veins of dogs, the kidneys of which had been previously removed, a solution containing from thirty-one to forty-six grains of urea. In a period varying from one and a quarter to eight hours, the animals became restless, vomiting and convulsions followed, ammonia was expelled with the expired air, and coma and death supervened; after which ammonia was found in the blood, stomach, bile, and other secretions. In the second series, a solution of carbonate of ammonia was injected into the circulation, the kidneys remaining intact; convulsions occurred immediately, followed by coma, the expired air meanwhile loaded with ammonia. As this ceased to be expired the animals slowly recovered. The author considers this no evidence that carbonate of ammonia was the cause of death, but on the contrary that ammonia may generally be detected in the respiration of healthy dogs, and is generally present in the blood of most animals, the truth of which he has satisfied himself by repeated observation and experiment. It is admitted that urea is a normal constituent of the blood in variable proportions, and it is only when the kidneys fail to eliminate in accordance to the requirements of the system, that the normal balance between the urea and blood is disturbed. In support of his views, the author cites three series of experiments, the first of which was the injection of urea into the blood of sound, healthy animals. Large dogs were fed for three days on

meat, during which time ammonia was constantly found in the breath, and urea in the blood. Upon injecting a solution of urea, symptoms of uræmia were soon apparent, of a severity in proportion to the amount injected. Upon a second examination of the blood, the urea had increased in quantity, while the ammonia remained about the same. "From the foregoing experiments it is perceived that there is a limit to the power of the system to eliminate urea, and that when this substance is introduced into the blood in large quantity, it causes death by uræmia." The second series of experiments had reference to the effects following ligation of the renal vessels, or removal of the kidneys. For this purpose large dogs were selected, urea found in the blood, and ammonia in the breath before the operation. After removing the kidneys, or ligating the renal arteries, the amount of urea was increased threefold in a short time, and there was no evidence of any of it being converted into carbonate of ammonia. The animals died in periods varying from forty-nine to two hundred and seventy-eight hours. Congestion and inflammation of important organs were produced, as after injection of urea into the blood, or during the course of Bright's disease. It was also seen that "so long as vomiting and purging continued, there was no accumulation of urea in the blood, and consequently no uræmic intoxication." In the third series, the kidneys were removed, and urea or urine injected into the blood, which induced death with all the symptoms of uræmia, in from eight to fifteen hours; and when urine was injected into the circulation, death occurred in a shorter time than when simple urea (though to a greater amount) was used in solution, whence it is inferred that urea is not the only poisonous element in urine. It might be added, as a brief summary of the author's conclusions, that injection of urea into the circulation causes disturbance in proportion to the amount injected, and the depurating abilities of the kidneys; that ligation of the renal arteries, or removal of the kidneys, will induce a condition of the system not distinguishable from the uræmic intoxication of Bright's disease, which condition may be somewhat retarded by the action of the skin, stomach, and intestines, or hastened, and life shortened by the injection of urea or urine into the circulation; that urine is more poisonous than a simple solution of urea, the effects of which strongly predispose to congestion and inflammation of the viscera, especially lungs, pericardium, and spleen, and derange the process of sanguification, so as to hasten the decomposition of the red corpuscles, or to interfere with the due removal from the blood of such as are broken down and effete; and "that there is no reason to suppose that, under the circumstances specified, urea undergoes conversion into carbonate of ammonia, but that, on the contrary, there is sufficient evidence to warrant the conclusion that no such process ensues. The fact that in the foregoing experiments a larger amount of urea was generally found in the blood taken from the body after death, than in that abstracted during life, is, of itself, conclusive against any such hypothesis."

Reports of Societies.

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, March 20th, 1861.

DR. JAMES ANDERSON, PRESIDENT.

A NEW METHOD OF TREATING FRACTURES OF THE FEMUR.

DR. GURDON BUCK read a very interesting paper upon a new method of treatment for fracture of the femur. The long splint is entirely dispensed with, while constant and uninterrupted extension is kept up by means of a weight and pulley. The author makes no claim to originality for this method; it was suggested to him by observing its happy application by Dr. H. G. Davis, of this city, to the treatment of morbus coxarius.

The appliances to the limb itself for the purpose of making extension are the same as have been in use in our hospitals for several years past, and are as follow:—A roller bandage is commenced at the toes in the usual way, and continued to the ankles, where it is temporarily arrested. A band of adhesive plaster two and a half to three inches broad, and long enough to allow the middle of it to form a loop below the sole of the foot, and the ends to extend above the condyles of the femur, is then applied on either side, in immediate contact with the limb, from the ankle upwards. Over this the bandage is continued as high up as the plaster. A thin block of wood of the width of the plaster, and long enough to prevent pressure over the ankle, is inserted into the loop, and serves for the attachment of the extending cord, which is fastened to an elastic rubber band (such as is used for door springs), that passes round the block. By this arrangement *elasticity* is combined with the extension. The limb is now prepared to be put under extension. The arrangement for the pulley is very simple. A strip of inch board three inches wide is fastened upright to the foot of the bedstead, and perforated at the height of four or five inches above the level of the mattress. Through this hole the extending cord is to be passed, and on the further side of the strap a screw pulley should be inserted at the proper level over which the cord with the weight attached is to play. The footboard of the bedstead, if there is one, may be perforated at the proper level, and the screw pulley inserted in the further side of it, so as to answer equally well. To allow the application of lotions to the thigh, during the first few days of treatment, the ends of the adhesive bands should stop short at the condyles of the femur, and be turned down. They may afterwards be replaced upon the thigh and the bandages continued over them, preparatory to the application of the coaptation splints which should be added at this stage of the treatment. The coaptation splints, which may be of the ordinary sort, should be secured by those elastic bands, like suspender webbing fitted with buckles; these have the advantage of keeping up uniform concentric pressure as the limb diminishes from the subsidence of swelling. Counter-extension must be maintained by the usual perineum band lengthened out in the direction of the long axis of the body, and fastened to the head of the bedstead. India rubber tubing of three quarters of an inch calibre stuffed with a skein of cotton lamp wick makes an excellent perineum strap. A piece of two feet long with a ring fastened at each end answers this purpose admirably. A thin wedge-shaped hair cushion, to raise the heel above the mattress, and a bag filled with bran or sand to place on the outside of the foot to prevent rotation outwards, complete the appliances requisite to carry out this method of treatment. There need be no delay in its application. The sooner after the occurrence of the injury the limb is put up the better. The contraction of the muscles is thus antagonized from the outset, and the rough ends of the fragments are prevented from fretting the soft parts.

The author then gives twenty-one cases in detail where this treatment was employed; and the results, as shown by *actual measurement*, are equal to any that have hitherto been obtained. Dr. Buck claims for the apparatus the following advantages:—I. It maintains *uninterrupted and efficient extension* without producing intolerable pain, excoriations, sloughing, and tedious sores. II. It diminishes very materially the suffering of the patient and the irksomeness of long confinement to one position. There is no inconvenience attending the evacuation of the bowels. III. It is cheap and easy of application. IV. It is not liable to become deranged, thus rendering it unnecessary for as frequent visits on the part of the surgeon as when the ordinary apparatus is applied. The author considers it very necessary to apply coaptation splints, for reasons already given.

Dr. A. C. Post saw, with Dr. Buck, the first case to which this form of treatment was applied, and was entirely satisfied with the practical working of the apparatus. It seemed to

him to possess decided advantages over the other method previously used, in the way of affording greater comfort to the patient, better results, and less frequent visits on the part of the surgeon.

Dr. LIVINGSTON alluded to a case that for some time he had been treating by raising the foot of the bed, thus allowing the weight of the body to act as the counter-extending force, while extension was made over the foot of the bed by means of a pulley. Dr. Livingston had frequently felt the wants of *continuous elasticity* in extension, and had accordingly devised a spiral spring, which, attached to the screw on the foot-piece, seemed to answer a very good purpose. This modification of the ordinary straight apparatus was used exclusively in the Bellevue Hospital.

Dr. BATCHELDER had been in the habit for many years past of obtaining extension by elevating the foot of the bed and attaching the foot to an upright foot-piece. He was led thus to abandon the perineal strap, on account of the irritation which it frequently occasioned.

Dr. SAYRE stated that two years ago, he reported to the Academy a case of double compound fracture of the femur, treated by the use of extension in a patient of Bellevue Hospital. The extension was made over the foot of the bed by means of adhesive plaster, to which was attached a strip of india rubber. Counter-extension was effected by means of a twisted sheet passed over the chest, and under the arms of the patient, and attached to the head of the bed. Dr. Sayre believed that Dr. Swinburne of Albany was the first to bring the principle of treatment before the profession, and as that gentleman was present, he expressed a desire that the Academy should hear from him upon the subject.

Dr. SWINBURNE, of Albany, after expressing the gratification with which he listened to the paper, gave a somewhat detailed account of the plan of treatment as adopted by him in the treatment of these fractures, which consists in simple fixed extension and counter-extension, *without splints*. Dr. S. uses merely a perineal counter-extending band attached to the head of the bed, while extension is made at the foot by means of the adhesive plaster forming a loop at the sole, which is attached to the foot of the bedstead by means of strong cord. He is accustomed to treat fractures of all the other long bones upon the same principle (see p. 143). He stated that he had treated over forty cases of fracture of the femur by this method, but in no instance had he the misfortune to get more than half an inch of shortening. In the treatment advised by Dr. Buck, the principle involved, viz. extension, was the same, only different means were used to carry it out.

Dr. Buck stated that he could not claim for the method which he advocated the same good results as Dr. Swinburne, by simple fixed extension and counter-extension. I think, said Dr. B., that the great error in determining the amount of shortening is owing to the want of a proper comparison of the two limbs by actual measurement. If the ankles are simply brought together, the injured limb may appear to be the same length as the other, when in reality, as is often proved by measurement, it is not. Since the use of adhesive plaster for making extension, the number of cases cured without shortening has been very much increased; and I think, by the method that I have introduced, that number will be still more augmented. I have a case now under treatment for the last four weeks, where the shortening is one inch, and I am afraid that the limb cannot be brought down any further. After the limb has fully regained its strength, that amount of shortening will not be very perceptible; in fact, I remember the instance of a seaman who had a shortening of more than an inch, and who, at the end of a year after the injury, stated that he knew of no difference between the two limbs, as far as ease in walking was concerned.

Dr. WATSON was satisfied that the method proposed by Dr. Buck was a very good one. The employment of elasticity was very useful in allowing a certain degree of motion, at the same time the fragments were not displaced. Dr. W. was satisfied that the principle of treatment was as

old as the "fracture bed," but he considered that Dr. Buck had made a great improvement upon the old plan. "After all," he remarked, "the mere apparatus is nothing; a good surgeon can make a good limb with almost any kind of apparatus. It is the adaptation of a principle, and not a splint!"

DR. HOLCOMB stated that he was much struck with the peculiar notions of the European surgeons in the treatment of fractures of the femur. Each recommended a practice that was peculiar to himself, for no other reason, seemingly, than to be different from his neighbor. He thought that there was altogether too much stress laid upon the adaptation of a buckle, a strap, or a screw in the modification of an apparatus, while the fundamental principle of treatment was wholly lost sight of. In conclusion, he referred to the gypsum bandage, which was used with very good results in Europe, for the treatment of this particular kind of fracture.

DR. BRONSON referred to a case of fractured thigh treated by the elastic perineal band and pulley, where a shortening of fully two and a half inches resulted.

DR. RAPHAEL thought that the surgeon who resurrected old principles of practice, and proved them by the force of his own reasoning to be correct, deserved as much credit for originality as the one who first suggested them. Dr. R. stated that he had seen a good many fractures of the thigh treated, but none of them could compare in their results with those where Dr. Buck's apparatus was applied.

DR. POST remarked that the principle of simple extension advocated by Dr. Swinburne was not in his opinion adapted to the fractures of the forearm and leg, where two bones were arranged parallel with each other. In those instances the displacement was in a lateral direction, and required only lateral support to maintain the parts in position.

DR. BUCK had always found that in fractures of the thigh where the shortening was very considerable, and the limb was brought down to the normal length by simple inelastic extension and counter-extension, the pain occasioned by the apparatus could not be borne for any considerable length of time. If, however, notwithstanding the protestations of the patient, the treatment should be persisted in, excoriation and sloughing of the perineum would be the result. In consideration of these facts it was difficult for him to understand why Dr. Swinburne escaped this accident so frequently.

DR. SWINBURNE replied that he was in the habit of using a large, full, and soft perineal pad, two inches in diameter, which distributed the pressure over a comparatively large space.

Correspondence.

A NEW YORK CORONER.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I place at your disposal the following notes of a case, which is only one of several, of a like character, that came under my observation while I was house surgeon at Bellevue Hospital, and which shows the loose manner in which a Coroner of the City of New York does business for the public. I do not believe that the Coroners *always*, or as a *rule*, pursue their investigations as to the cause of death in an unsatisfactory manner; but I believe there ought to be no exceptions to the rule. And I may add, that all the cases that have come under my notice, in which the investigations have seemed to me to be improperly conducted, have been by the same coroner.

A man was brought to the Hospital in a comatose condition, and placed under my care. I was told that it was *supposed* he had received injuries at the hands of some party or parties unknown. No fractures, contusions, or wounds, were found on his head, or any part of his body; his breath had the odor of alcohol, but it was

impossible to determine whether his condition was due to liquor, or to the effect of a poison. The usual treatment in such cases was pursued, but with no favorable results, and the patient died a few hours after admission. Notice was sent to the office of the coroner, and the following day one of them attended at the hospital, and requested my testimony. I gave the history of the case, from the time the patient entered, until he died; but declined giving an opinion as to the cause of death, simply because I was ignorant of it. The coroner insisted, however, that I had some opinion as to the cause of death, and insisted upon an answer as to that most probable. I replied that I could specify no particular cause. He enlightened me on the subject, by stating that *he knew* that the man died from compression of the brain. I could not say that he was wrong, for the death occurred as in compression; but the symptoms were not different from those produced by other causes, and as I had failed to discover any contusions, fractures, or wounds upon his head, I could not affirm that such was the cause of death, notwithstanding the high authority of the coroner. He would not consent to a post-mortem examination. I consented to give the following testimony:—"In my opinion, deceased came to his death from the effects of compression of the brain, or apoplexy, or of some poison to me unknown." This statement apparently satisfied the coroner. The jury was composed of the lowest class of laborers, two of them employees about the Institution, with four others brought in from the street, of like mental calibre. These persons, with the coroner, made up the tribunal to investigate the cause of death; and if a crime had been committed, to discover the perpetrator. None of the witnesses in the case were present, except myself. The jury were sworn, I presume, though I do not remember to have seen the oath administered; I do not believe, however, that there was a man among them who could have told, had he been asked, the nature of an oath. The testimony of three or four witnesses was read to them, which, taken together, was about as lucid as that part of my own relating to the cause of death.

The coroner then charged the jury that they should find a verdict as follows: "That the deceased came to his death at the hands of some person, or persons, unknown to this jury;" the jury were then requested to put their names to the verdict. At this stage of the proceeding, one of the jurors turned to me, and asked "what is all this about?" Before I could explain to him his position, he was called upon to make his mark, which, with the exception of two, they all did. That ended the case, as I supposed, and the jury retired; the whole farce having lasted about ten minutes. I asked the coroner (now that it had been satisfactorily ascertained that the man was murdered), if the murderer should be discovered, would the evidence that had been produced be sufficient to commit him; to which he replied, "Oh, Doctor, he will not be found." "Still," I suggested, "it is your duty to try to find him; to use all the means that by law is placed in your power to discover him." To which he replied, "No, Doctor, such cases never turn up."

I then requested permission to examine the body for *my own gratification*, to which he consented. On removing the scalp, I found a small contusion with very little extravasation of blood, just over the junction of the left parietal with the temporal bone, and both bones at that point fractured, or fissured without depression. On removing the calvarium, a large clot was found, between the dura mater and skull, almost covering the left hemisphere of the cerebrum. No other injury or disease was found in any part of the body.

Some hours after, I was called upon by an agent of the Coroner's, requesting me to revise my testimony, given in the morning, and add the post-mortem appearances. I accordingly made the statement desired, though how it was to be used after the verdict had been rendered did not appear. Whether any further effort was made to discover the perpetrator of the crime, I did not learn.

In this case, I do not know but all the forms of the law were gone through with, and every requirement answered. I presume that such was the case, disgusting in its manner though it was, to any one of ordinary intelligence. Such a proceeding, such a jury, and last but not least, such a coroner, ought to be humiliating to an intelligent public.

J. W. HUNT, M.D.

PROFESSOR GARDNER'S UTERINE ELEVATOR—CLAIMS FOR ORIGINALITY AND PRIORITY IN INVENTION.

[To the Editor of the AMERICAN MEDICAL TIMES.]

On the 198th page of the American Edition of *Tyler Smith's Lectures on Obstetrics*, published in 1858, there may be found a cut, which I there introduced, representing an instrument originated by me some time before, and manufactured by Tiemann & Co., of this city. I send you with this a cut of this same instrument, very slightly altered in immaterial points, such as in the form of the handle, as it appears in my translation of *Scanzoni's Diseases of the Sexual Organs*, which will be published next week. An examination will show plainly that this is the original of the almost fac-simile instrument, a cut of which appeared in the *MEDICAL TIMES* a few weeks since. In many particulars it will be conceded that the instrument made and claimed by your correspondent, Dr. H. W. Jones, of Chicago, is without a single superiority inferior to the original; viz. that the axis of the instrument, when in position, is half an inch and more below the os uteri; it is more clumsy, heavier, of less power, more liable to rust and get out of order, because it cannot be properly cleaned; is not so firm, has a point in reversing the motion of the screw from one direction to the other, where almost a half revolution of the screw does not in the least affect the motion of the extremity, and finally is very much more expensive from unnecessary complication in the construction.

This instrument, as originated by me, is not designed for a single purpose. Although eminently capable of elevating a flexed or veiled uterus into its normal position, by means

of the stem introduced into its cavity, it will also effect this end by means of a loop (which may be inserted after the stem is removed from its socket), which may be passed over the cervix uteri, when abnormally thrown into the cavity of the sacrum, and drawing it forward the inverted organ is necessarily restored to its proper position. A knife may be substituted for the stem and which may be easily manipulated, the instrument being

light and the blade capable of being turned in any direction. Finally, its use, as enlarged upon in *Tyler Smith*, as a valuable assistant, with a spatula attached, in drawing down the uterus in cases of abortion, and of removing the small placenta, often so difficult to do, or intra-uterine polypi, entitle it, I think, to be properly called a manifold instrument, as I at first designated.

These statements, were they not in print two years ago, could be corroborated by Messrs. Tiemann & Co., and espe-

cially by Mr. Stollman, as also by Dr. J. S. Edwards, a well known gynecologist, who I learn used the instrument shortly after its perfection, as a uterine replacer.

I am aware that I am occupying valuable space about a small matter, but as Touchstone says of Audrey, "it is a poor thing, but mine own."

Truly yours,
AUGUSTUS K. GARDNER, M.D.
NEW YORK, 141 East Thirtieth street.
March 18, 1861.

DENGUE IN MISSISSIPPI.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—A very interesting account of "a singular epidemic in Virginia," is given in No. VII. of your Journal, by Dr. Lemmon.

That gentleman diffidently regards the disease as a modified form of Dengue, and it may be that he has correctly diagnosed it, but there are so many points of difference between it and Dengue as described by Drs. Wood and Dickson, and with that disease, as it has come under my own observation, that I am induced to offer a brief statement of the most prominent features of the epidemic which prevailed here during the summer of 1860.

Dengue appeared in Port Gibson, early in September, and continued to prevail until the approach of cool, frosty weather, in the latter part of the month of October. More than one third of the whole population were attacked by it, yet in no case did it prove fatal. It was a fever of but one paroxysm, lasting from twelve hours to three days; no decided remission was observable, and quinine was of no use in its treatment. Relapses were occasional. No age was spared, the infant and the octogenarian seeming to suffer alike.

A marked feature in this disease is the peculiarly soft and hesitating pulse, which ranges from 90 to 130 beats per minute; and, in connexion with this, may be noticed a decided sluggishness in the capillary circulation, which, though perceptible from the very start, is most marked after the fever declines: then, the dull, heavy, bloodshot eye, the purple, almost livid face, enable one to see at a glance, without knowledge of previous history, that the patient has had Dengue. As results of this stagnation we have, not unfrequently, hemorrhage from the mucous membranes; cutaneous eruptions on the fifth or sixth day, of the petechial, scarlatinous, rubeculous, eczematous, or impetiginous form, were observed in perhaps one fourth the persons attacked; morbid sensations, such as intense itching and burning, and the feeling of chilblains in the hands and feet were very common.

Convulsions occasionally occurred in children, and in one case, I observed them in an adult. Convalescence in nearly all instances was very slow; great debility, loss of appetite with constipated bowels, and wandering rheumatic pains, continued usually a week or two.

The prognosis in uncomplicated Dengue may always be pronounced favorable, but the sequelae are often unpleasant, and sometimes serious. The cervical, axillary, and inguinal glands in many instances became inflamed, and in five of my cases suppuration ensued. Although the joints were the seat of severe pain, I saw but one case in which there was any evidence whatever of inflammation; in this instance, the patient had an ordinary attack of Dengue, was convalescent and resumed business at the end of a week, but the pains, which had been felt in all the joints, now confined themselves to the right elbow and hip; to all appearances it was an attack of acute inflammatory rheumatism, but suppuration occurred in the tissues around both the affected joints, and there was no evidence of any cardiac lesion.

The subsequent history of several of my cases has been such as to lead me to believe that tubercular deposit is to be considered a sequel of Dengue, as it is of typhoid fever. I cannot offer this as a fact, but simply state my belief that farther and more accurate observation will show that the



system is left by this disease in a state which predisposes to tuberculosis. In the epidemic mentioned by Dr. Lemmon, bronchitis was a usual concomitant; in the one to which I refer, although there frequently was cough, and it sometimes was very troublesome, there were no signs of bronchitis, either by expectoration or physical exploration. In three cases there certainly was tubercular deposit, in two others it probably took place.

1. A negro, about thirty-five years old, who previously had enjoyed good health, suffered with Dengue, harassing cough, this continued after the disease disappeared, and in about five weeks he had hæmoptysis with signs of localized bronchitis, at the right apex.

2. A gentleman of twenty-nine years, carrying the marks of strumous disease in early life, was similarly affected; he had pain in the chest, light fevers in the evening, cough, two slight hemorrhages. No physical signs of tubercles discernible.

3. A man æt. thirty-two, carpenter by trade, no hereditary right to phthisis traceable, presented two months after Dengue, signs of softening tubercles at both apices. Early in August he had intermittent fever, which prostrated him very much; early in Sept. he had Dengue; glands in right axilla suppurated. Early in December he died, presenting unmistakable evidence of tubercular deposit in both lungs and in the peritoneum; in this case a blind internal fistula in ano was discovered several weeks before death. No autopsy was had.

In all these the evidence of tubercles was presented several weeks after the attack of Dengue, but in case 4, a laboring man of powerful frame, hemorrhage of the lungs recurred about the time the fever left him. There was no cardiac disease here, and I could attribute the hæmoptysis to no other cause than that which gives rise to hemorrhage from the mucous membranes elsewhere in Dengue, viz.: to a passive congestion of the capillaries; this man was very susceptible to the influence of cold, and frequently had light hacking cough.

The behavior of my 5th case was such as to leave no proof, but only a strong suspicion of slight deposit; a fortnight after Dengue there appeared obstinate and harassing cough, with excited circulation towards evening; this continued six weeks.

During the epidemic, not less than four hundred cases occurred; the disease ran its course in about one-fourth the time covered by the cases which Dr. Lemmon describes, in no instance was jaundice a concomitant, nor were the functions of the liver disturbed in any way that I saw or heard.

The treatment was almost nothing; a mild aperient at first, and afterwards opium for the relief of pain.

R. B. MAURY, M.D.

PORT GIBSON, MISS., March 4, 1861.

SOLIDIFIED GLYCERINE OR PLASMA.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—An article, by V. Graefe, appeared in the *Archives for Ophthalmology* for 1860 (Bd. vi. lib. 11), on the composition and value in ophthalmic practice of Solidified Glycerine, or Glycerine Salve, in which it was stated that this had been first successfully made by Simon, and that the secret of his success consisted in the employment of a perfectly pure article of Glycerine. A communication had already been made to the London Pharmaceutical Society, by G. F. Schacht, in January, 1858, on a similar method of solidifying this substance (see *Jour. and Trans. Phar. Soc.*, Vol. 17, No. VIII.), and the importance of its purity pointed out. The compound was called by Schacht, Amylo-Glycerine, or "Plasma;" his communication re-appeared in the *Journal of the Maryland College of Pharmacy*, for June, 1858. The Plasma was afterwards introduced to the Pharmaceutical Society of Philadelphia, and for some time was

advertised and sold extensively in that city. But little has been known of it in New York as yet; and as the short experience I have had with it entirely agrees with the very favorable opinion of Dr. V. Graefe, I feel that no apology is necessary in laying its formula before the readers of the *MEDICAL TIMES*. The proportions used by Schacht were:—Pure Glycerine, one ounce, pure Starch, seventy grains; by Simon, pure Glycerine, five parts, pure Starch, one part. The mixture is to be gradually raised to about 240° of heat in a porcelain vessel, constantly stirred, and immediately when it begins to thicken taken from the fire, and the stirring continued till it is equally stiff throughout.

The salve thus formed is beautifully transparent, of the consistence of cold cream, unaffected by changes in temperature, and soluble in water. Besides the valuable therapeutic properties of the Glycerine, it has many advantages as a vehicle for topical applications, over the ointments ordinarily used, particularly in its more powerful solvent qualities, and in its more permanent character. When chemical changes do occur in it, the resulting new compounds, unlike those in fats, are entirely unirritating.

J. E. MACDONALD, M.D.,

Eye Surgeon to Demilt Disp.

Medical News.

DR. HINGSTON, of Montreal, recently recovered \$600 from the corporation of that city for a fracture of his clavicle, received in a fall from his horse, owing to a defective bridge. This sum he has generously appropriated as follows: \$50 to the Natural History Society; \$50 to the Mechanics' Institute; and the balance to the establishment of a Free Hospital for Children.

THE *British Medical Journal* (Montreal) says: "We are not aware that either Ether, or any of its compounds with Chloroform, have been ever used in this city for anæsthetic purposes."

THE quarantine at Grosse Island, Canada, has been discontinued. It has cost annually £8000, and has never prevented the spread of contagious diseases.

SIR BENJAMIN BRODIE is about to retire from professional life.

MORTALITY OF MONTREAL.—The rate of mortality of Montreal, in 1860, was 1 in 32 of its inhabitants; this is a reduction of 25 per cent. in fourteen years; the death-rate being, in 1846, 1 to every 23.60. During that period the population of the city has doubled—thus proving, contrary to our City Inspector, that a city may improve in health, though its population rapidly increases.

MEDICAL DEPARTMENT OF THE SOUTHERN ARMY.—The annual salary of the Surgeon-General is three thousand dollars, with fuel and quarters; monthly pay of Surgeons of ten years' service in that grade, two hundred dollars. A surgeon of less time service, one hundred and sixty-two dollars. Assistant-Surgeon of ten years' service, one hundred and fifty dollars. Assistant-Surgeon of five years' service, one hundred and thirty dollars; and four assistants of less than five years' service, one hundred and ten dollars.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.—The annual commencement took place on Friday, the 8th inst. The class in attendance on the lectures now terminated amounted to two hundred and twenty-two students. The number of candidates for the degree of Doctor of Medicine, who passed a satisfactory examination, is ninety-three. A committee, consisting of Drs. R. A. Kinlock, F. Peyre Porcher, and William Horlbeck, awarded the prize to Samuel Selden, M.D., of Norfolk, Va., the author of the Thesis on Eclampsia. First in the list of students who passed a meritorious examination, we notice the name of H. BAER, of Charleston, S. C.

COMMUNICATIONS have been received from:—

Canada—Dr. J. FRASER. Connecticut—Dr. G. WELLES. Indiana—Drs. J. F. HIBBERD, M. ENGLISH. Illinois—Drs. C. F. FALEY, L. CLARK, W. S. DENNISTON. Louisiana—Dr. W. BODENHAMER. Kansas—Dr. G. W. HOGEBOM. Maine—Dr. O. M. TWITCHELL. Massachusetts—Drs. J. W. TOWNE, R. J. P. GOODWIN, S. E. STONE. Minnesota—Dr. A. W. DANIELS. Mississippi—Dr. D. K. METCALFE. New Jersey—Dr. M. ABEL. New York—Drs. S. S. CARTWRIGHT, M. S. COLE, E. H. DAVIS, C. L. MITCHELL, A. G. GOSS, O. W. RICK, D. N. HISCOX. North Carolina—Dr. A. R. ROBESON.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

From the 18th day of March to the 25th day of March, 1861.

Abstract of the Official Report.

Deaths.—Men, 96; women, 72; boys, 138; girls, 106—total, 412. Adults, 168; children, 244; males, 284; females, 178; colored, 2. Infants under two years of age, 154. Among the causes of death we notice:—Infantile convulsions, 26; croup, 10; diphtheria, 12; scarlet fever, 29; typhoid fever, 4; consumption, 57; small-pox, 16; dropsy of head, 11; infantile marasmus, 22; puerperal fever, 6; inflammation of brain, 14; of lungs, 37; bronchitis, 6; congestion of brain, 17; of lungs, 8; erysipelas, 3; whooping cough, 4; measles, 7; disease of heart, 14. 238 deaths occurred from acute disease, and 11 from violent causes. 269 were native, and 143 foreign; of whom 71 came from Ireland; 1 died in the Immigrant Institution, and 58 in the City Charities; of whom 10 were in the Bellevue Hospital.

Abstract of the Atmospherical Record of the Eastern Dispensary, kept in the Market building, No. 57 Essex street, New York.

Feb'y. 1861.	Barometer.		Temperature.			Difference of dry and wet bulb. Therm.		Wind.	Mean amount of cloud.		Rain.
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.		Mean amount of cloud.		
	In.	In	°	°	°	°	°		0 to 10	In.	
17th	29.80	.60	33	16	41	6	10	N.W.	4	2	
18th	30.25	.10	18	9	27	3	6	"	4		
19th	30.15	.10	16	11	22	2	3	N.	5		
20th	30.17	.10	23	9	36	4	6	S.W.	1		
21st	29.55	.55	31	23	34	.05	1	N.E.	10		
22d	29.70	.30	35	26	44	3	5	N.W.	6		
23d	29.90	.40	36	26	46	4	6	W.	1		

REMARKS.—Sunday, 17th March, clear early A.M. and late P.M., variable middle, aurora early evening, 18th, Wind fresh; light snow P.M. 19th. Snow and blow all day; clear P.M. 20th. Wind fresh A.M.; light snow P.M. 21st. Rain early A.M.; snow storm all day; heaviest snow of the season during the night and morning of the 22d, about one foot level; gale early A.M. 23d. Fog early A.M. The coldest week as late in March for many years.

MEDICAL DIARY OF THE WEEK.

Monday, April 1.	{ NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Tuesday, April 2.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Ear, 12 M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M.
Wednesday, April 3.	{ EYE INFIRMARY, Operations, 12 M. NEW YORK HOSPITAL, Dr. Griscom, half-past 1 P.M. ACADEMY OF MEDICINE, 7½ P.M.
Thursday, April 4.	{ OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M.
Friday, April 5.	{ NEW YORK HOSPITAL, Dr. Buck, half-past 1 P.M. EYE INFIRMARY, Diseases of Eye, 12 M.
Saturday, April 6.	{ BELLEVUE HOSPITAL, Dr. Gouley, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson & Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Cook, half-past 1 P.M. EMIGRANTS' HOSP., Ward's Island, Dr. Carnochan, 3 P.M. EYE INFIRMARY, Diseases of Ear, 12 M.

SPECIAL NOTICES.

NEW YORK ACADEMY OF MEDICINE.—The following Papers and programme of subjects for discussion during the Spring Sessions have been prepared:

APRIL 3.—Dr. GURDON BUCK will resume his Paper on "An improved Treatment of Fractured Thigh." After which, "The Treatment of Morbus Coxarius," having been referred to the Academy by the Section on Surgery, discussion thereon will be opened by Dr. ALFRED C. POST.

APRIL 17.—By request of the Council, Dr. JAMES R. WOOD will read a Paper on Necrosis, and Reproduction of Bone;—illustrated by Cases.

MAY 1.—Dr. JOSEPH MARTIN will read a Paper on "the

Mechanism and Treatment of Labors with Face Presentation." Dr. WILLIAM DETMOLD, afterwards, will present some facts and cases of interest.

MAY 15.—Not announced.

JUNE 5.—The subject of Albuminuria, referred to the Academy by the Section on the Theory and Practice of Medicine; the discussion will be opened by Prof. ALONZO CLARK, by appointment of the Section.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM.—Dr. ECHEVERRIA will lecture on the Diseases of the Nervous System, every Friday, at 11 o'clock A. M., at the University Medical College. These lectures will appear in the MEDICAL TIMES.

NEW YORK OPHTHALMIC HOSPITAL.—Dr. GARRISH will lecture every MONDAY, from 4 to 5 P. M. The Profession and Students of Medicine are respectfully invited to attend. Each Lecture will be illustrated by appropriate cases. Lectures free.

NEW YORK COUNTY MEDICAL SOCIETY.—By appointment of the Society, an Eulogium on the Life and Character of Dr. JOHN W. FRANCIS will be pronounced by Prof. G. S. BEDFORD, on Friday, April 5th, at 8 P. M., at Clinton Hall, Astor Place. Ladies and the public generally are invited to be present.

TO THE MEMBERS OF THE NEW SYDENHAM SOCIETY.—The books for 1860 and the previous year were shipped at London, aboard a sailing vessel, several weeks ago; but have not been heard from since. As soon as they arrive due notice will be given, and they will be at once distributed to the subscribers. The Secretary, Dr. HEYWOOD, cannot undertake to answer all the letters of inquiry concerning the delay, but will be happy to distribute circulars and give information in relation to the objects of the Society.

Sent Free by Mail on Receipt of Price.

A Book about Doctors, by J. Cordy

Jenffreson. 2 vols. 8vo. London, 1861. \$6.50.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

The Seven Sisters of Sleep, a Popular

History of the Seven Prevailing Narcotics of the World, by M. C. COOKE. 12mo. London, 1860. \$2.35.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Diagrams of the Nerves of the

Human Body, exhibiting their Origin, Divisions, and Connexions, with their Distribution to the Various Regions of the Cutaneous Surface and to all the Muscles, by W. H. FLOWER, M.D. Folio. London, 1861. \$4.37.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

Laboulbene.—Recherches cliniques et

anatomiques sur les affections pseudo-membraneuses, productions plastiques, diphtheriques, ulcero-membraneuses, antheuses, croup, muzuet, &c. 8vo. Paris. \$2.25.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

Sent Free by Mail on Receipt of Price.

On Diphtheria: its History, Progress,

Symptoms, Treatment, and Prevention; by Ernest HART, M.D. 12mo. London. 50 cents.

BAILLIERE BROTHERS, 440 Broadway, N. Y.

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Quelques Recherches sur la Diphthe-

rite et sur le Croup, par le Dr. M. Peter. 4to. Paris. 50 cents.

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do Carbonate of Iron.
do Citrate of Iron and of Quinine.
do Lactate of Iron.
do Iron reduced to Hydrogen.
do Official Chalk without odor.
do Dragées of Lactate of Iron.
do Ferruginous of Nancy for Rusty Water.
do Lozenges of Citrate of Iron.
do do of Lactate of Iron.
do Saccharine of Citrate of Iron for Rusty Water.
do Syrup of Citrate of Iron.
do Syrup of Iodide of Iron.
do Poor Man's Plaster.
BERTHE—Cod Liver Oil.
do Syrup of Codeine.
BILLARD—Cresote.
BLANCARD—Pills of Iodide of Iron.
do Syrup do do.
BONJEAN—Dragées of Ergotine.
BOTOT—Tooth Water.
do Tooth Powder.
BOUDAULT—Anti-Dyspeptic Pepsine.
do Additional Pepsine.
BOYVEAU—Rob Boyveau Laffeteur.
BRIANT—Syrup Antiphlogistic.
BROU—Injection.
BUGEAUD—Balsam for the Nerves.
CASHO—of Bologne.
CAUVIN—Digestive Pills.
CHABLE—Injection.
do Syrup of Citrate of Iron.
do Depuratif Vegetal.
do Mineral Bath.
do Perfumed Bath.
do Toilet Water for Ladies.
do Anti-Tetter Pomatum.
do Pomatum for Piles.
CHARLES ALBERT—Bol of Armenia.
do Wine of Armenia.
CLERAMBOURG—Golden Pills.
do Grains of Life.
do Cough Syrup.
do Paste.
CLERET—Iodide of Potassium Rob.
do Pills of Iron and of Quinine.
CLETTAN—Pearls of Ether.
do do Chloroform.
do do Assafetida.
do do Castoreum.
do do Digital.
do do Valerian.
do do Ess. of Turpentine.
COLTAS—Benzine in Bulk.
do Dragées of Santonine.

COURCELLES—American Elixir.
CROSNIER—Syrup Mineral and Sulphurous.
do Pills of Iodide of Iron and of Quinine.
DAROLLES—Rum Punch.
DEGENETALS—Pectoral Paste.
do Syrup of Calf Lungs.
DEHAUT—Purgative Pills.
DELABARRE—Toothing Syrup.
DELANGRENIER—Nafé Paste.
do Syrup of Nafé.
do Kachout des Arabes.
DESBRIERES—Magnesia Chocolate.
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do Fixateur (for the hair).
DORVAULT—Horse Radish Syrup.
DUPONT—Regenerator.
do Anti-Glaious Elixir of Guilla.
DESOUED—Ferruginous Syrup.
EAU—De Melasse des Carmes.
ESPIC—Pectoral Fumigator.
FAYARD—Paper.
FLON—Lenitive Syrup.
FORGET—Cough Syrup.
FRANK—Grains of Health.
GAFFARD—Granules of Digitaline.
do of Atropine.
GARNIER LAMOUROUX—Sugar-Coated Pills.
GAUTIER LACROZE—Syrup of Aconite.
do Balsam of Aconite.
GELIS & CONTE—Dragées of Lactate of Iron.
GENEVOIX—Iron reduced by Hydrogen.
do Anti-Gout or Oil of Horse-Chestnut.
do Dragées of Iron reduced.
GEORGE—Pectoral Paste.
GILLE—Dragées of Proto-Iodide of Iron.
do Depuratives Dragées of Lepetit.
do Syrup Proto-Iodide of Iron.
GUERIN—Balsamic Oplst.
GUILLIE—Anti-Glaious Elixir.
GUILLIERMOND—Syrup Iodo-Tannique.
HEMEL—Powder for Dogs.
HOGG—Cod Liver Oil.
do Pills of Pepsine.
do do do and Iron.
do do do and Proto-Iodide of Iron.
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